

Dying Scientifically

A Key to "St Bernard's"

By
ÆSCULAPIUS
SCALPEL.



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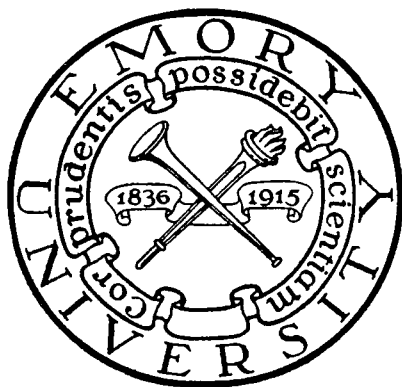
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DYING SCIENTIFICALLY.

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"If half that he says is true, then the Hospital system is a crying disgrace to our civilization."—*Whitehall Review*.

DYING SCIENTIFICALLY:

A KEY TO ST. BERNARD'S.

BY

ÆSCULAPIUS SCALPEL,

Author of "St. Bernard's, the Romance of a Medical Student."

THIRD



EDITION.

LONDON:
SWAN SONNENSCHN & CO.,
PATERNOSTER SQUARE.

1888.

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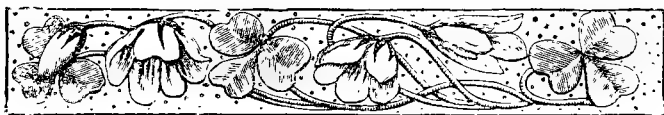
NOTICE TO THE READER.

The References to the pages of *St. Bernard's* correspond to the 1st Edition of that work. For those who have the Stereotyped Edition, the following table will be necessary to find the quotations.

IN 1ST EDITION.

IN STEREOTYPED EDITION.

Page	3	corresponds to	Page	2
"	22	"	"	13
"	47	"	"	27
"	71	"	"	42
"	88	"	"	51
"	106	"	"	61
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"	213	"	"	129
"	216	"	"	130
"	220	"	"	133
"	223	"	"	135
"	279	"	"	168
"	287	"	"	173
"	302	"	"	181
"	326	"	"	195
"	328	"	"	196
"	333	"	"	200
"	426	"	"	256
"	437	"	"	257
"	434	"	"	262



FOREWORDS.

“ST. BERNARD’S: the Romance of a Medical Student,” was published on September 15th, 1887. Since that date and the time of writing this, some fifty reviews and press notices concerning it have appeared. The edition has been sold out, and a second is now in the press. It was to be expected that such a book, containing such serious charges against some of our most cherished and admired charities, should create much controversy and excite much indignation. This anticipation has been fully borne out by the results. It was not possible to draw public attention to these abuses by any other method than that of writing a story, as interesting as might be, embracing all the facts. A treatise on hospital management would have fallen still-born from the press. The abuses complained of in ST. BERNARD’S have been

ventilated over and over again in the medical and lay papers, and nothing has been done to rectify them. I could only expect the most violent denunciation from medical critics and others whose sympathies were enlisted on their side. I expected to be called moonlight assassin, dynamiter, slanderer, liar, calumniator, libeller, and such like, because I have read the history of many reforms, and I well knew the sweet ways of my professional brethren and their methods of dealing with their opponents. I knew that if a medical man did not subscribe to the British Pharmacopœia, and make his patients swallow it in gross or detail, in the prescribed doses too, and that without any mental reservations, he was henceforth to be considered as an heathen man and a publican, or even as these homœopathists. I knew that if he objected to vivisection, he was held to be an ignorant faddist; if he did not fall down and worship the vaccine lymph which the Local Government Board hath set up, he was to be cast into the fiery furnace heated specially for him by the Royal Colleges; if he objected to abominable outrages on the persons of unhappy women for the bene-

fit of a licentious soldiery, he was held to be an unscientific, philanthropic idiot. I knew all these things when I wrote *ST. BERNARD'S*. I knew that "a fuss in the papers," as a London house surgeon recently phrased it, was just what the hospitals did not like (unless as appeals for funds), and yet I wrote *ST. BERNARD'S*; and notwithstanding some severe strictures in the medical press, I stand by every word I have written in my novel, and I justify every charge by the publication of this key.

Now to the facts.

I have said that in our great general hospitals to which medical schools are attached, the healing of the patients is made subordinate to the professional advantage of the medical staff and the students; and I justify the charge by the extracts from the medical journals on pages 30 to 34 of this work.

I have said that the healing of patients is deliberately retarded for the purpose of clinical study; and I justify that charge on pages 39, 40, 70, 71, 72, etc.

I have declared that new drugs are tried

upon hospital patients, and that in a manner which dare not be attempted on private patients; and I substantiate the charge on pages 73 to 80, and 81 to 87.

I have told how patients are needlessly examined by doctors and students; and I confirm this by extracts from medical journals on pages 41 to 45.

I have said that patients are often made to undergo unnecessary operations, and even amputations, that surgeons may have practice; and I illustrate this on pages 52 to 56.

I have told how students are sent out to poor midwifery cases, and their blunders kindly covered by their teachers for the credit of the hospital; and the extracts from the *British Medical Journal* on pages 24 and 25 confirm the statement.

I have protested against the horrible cruelty of the iced-bath craze for fever patients; and the cases from the great medical journals support the protest. See pages 98 to 102.

I have said that in a hospital you cannot

even die in peace, but are ever in danger of some ghastly medical freak being tried upon you ; and I explain what I mean on pages 102 to 112.

I have declared that the dying are tortured by useless operations ; and I make the charge good on pages 45 to 51.

I have said a great many other startling things in ST. BERNARD'S, and in this book I give a great many equally startling proofs in support thereof.

MR. SPURGEON asks in the *Sword and Trowel*, "How much is romance and how much reality in this remarkable book?" I reply, about 25 per cent. romance and 75 per cent. stern reality, so much romance being a concession to the weakness of our nature.

The Literary World says that "the tone of the times is much higher than it was fifty years ago, and the medical student has conformed to it"; to which I reply, "No doubt it is so," to the first part of the sentence, and "I doubt that it is so," to the second.

The Lancet says my book "will serve no useful purpose." Then, I reply, daylight, fresh air, and truth have lost their ancient properties.

The Illustrated London News says there is "a disgusting parade of religious sentiment" in ST. BERNARD'S. If this be so, I must have imbibed it from the many introductory addresses I have heard and read on the 1st of October for some years past.

John Bull says: "The book will raise the deepest indignation in those interested in hospitals;" to which I reply, I sincerely hope it may.

The Spectator asks: "What possible motive can its author have for vilifying his professional brethren, and incurring their lasting enmity, except the hope of putting wrong right?"

What, indeed?

The British Weekly says: "To write it was either a great duty or a great crime;" and I am perfectly willing to accept the position.

The reader will see that I have only pro-

claimed on the housetop what has long been whispered in the closet. It is necessary sometimes to speak from the housetop.

As I have no wish to make this controversy a personal one, I have omitted the names of the physicians and surgeons, and those of the hospitals to which they are attached, in the extracts which I give from their communications to the medical journals. These can easily be verified, if desired, by reference to page and date of the published accounts. Of course in many cases I have had to leave out passages which would not be suitable for general reading, and I have omitted details and *minutiæ* not material to the illustration. I think in most instances the facts recorded in their naked simplicity are sufficient to acquit me of exaggeration in my book, but the details are usually given in such technical language that the reader requires a medical education fully to realise their meaning, and the notes which I have added on the various cases are only what I consider necessary to make them intelligible to the non-professional reader.

In all cases the italics are to be taken as my own.

In conclusion, I wish it to be understood that I have not quarrelled with my profession or my Alma Mater. I love my daily work as a medical man in large practice, and have no desire to earn my bread by any better business. I love my old hospital, in which I passed some of the happiest years of my life. I never met with anything but the utmost kindness from everybody connected with it. I am grateful for all the advantages the institution gave me, and the reason I do not give my name as the author of ST. BERNARD'S, is that I desire not to identify any hospital in particular, believing them all to be "tarred with the same brush," and all implicated in the same condemnation, and in need of the same reform. If I gave my real name, as some of my critics have demanded, I could not avoid injuring the institution where I learned my profession, because people would naturally believe my scenes were taken from that field of observation. I mean to implicate no persons in particular in my charges. As I am entirely orthodox in my practice, and daily send my patients their usual six ounces of regulation physic, I hope I shall not be claimed as a brother by any homœopathic,

anti-vaccinationist, or hydropathic heretic, or even as a disciple of the great physician who declares that sick folks want "nothing but a good warm bed" to cure them. My medical creed is not nearly so advanced, and I say with Mrs. Podger that my patients "is much too serious bad to get on with them notions."

LET the following utterances of one of the medical papers be my text for this book.

“Too much prominence cannot be given to the fact that, as Mr. Cartwright pointed out in his speech on Mr. Reid’s Vivisection Abolition Bill, if experiments on animals are prohibited, then human beings must necessarily become the subjects of the roughest treatment. Refinements of research under these circumstances, moreover, would be simply impossible, and every medical man would perforce become, whether he willed it or not, a vivisector of his patients ; for it cannot be gainsaid that the attendant’s duties to his profession have a higher claim than any advanced by the men and women who come to him for cure and relief. These truths are great and important, and they deserve to receive the utmost public attention at the present time.”—*Medical Press and Circular*, April 18, 1883.



DYING SCIENTIFICALLY.

I WILL take the principal points of ST. BERNARD'S *seriatim*, and illustrate them by published extracts from the most authoritative sources.

"He is assured that he will be a benefactor to humanity of the highest type."—ST. BERNARD'S, p. 3.

This is how we speak at Inaugural Addresses on the first of October :—

"While religion raises the heart of man from the finite to the infinite ; while education makes him cultured and refined, it is left for Medicine, when rightly employed, to humanise man. In the present day, we see it in the work of the medical missionary. By such men, Medicine is taken to all of every creed and every tongue ; giving relief to suffering man and woman ; asking for nothing in return but this, the basis of all social religion, that they should go and do likewise—gratitude thus becoming, instead of a mere sentiment of the heart, an energising principle of the life. In

this fact I recognise the one great element that will lead up to the unification of mankind; the one influence that will develop and maintain a common brotherhood, emulous to advance the honour, the interests, and the glory of the race" (Inaugural Address at University of Durham College of Medicine, by Dr. F. Oliver).—*Brit. Med. Journ.*, Oct. 7, 1882.

And this is how we talk amongst ourselves :—

"F.R.C.S. writes : 'I have read, in your December 10th number, "A Ballad of the Services," and I am not inclined to find fault with the verses; they are good; but I confess I have my doubts about the sentiments expressed therein, and especially in the extract given above them—a portion, I presume, of some lecture or address by Sir James Paget: "Content because they are in the path of duty; blest if only they see or think that they minister to the welfare of their fellow-men," etc. "Content!" Are we content? "Blest!" Are we blest? Except, peradventure, we are "blest" as soldiers sometimes use the term. Why, the entire space of pages 1306 and 1307, in one of which the verses in question occur, is taken up with letters expressive of discontent.

"'I have often thought this aping of humility, this pretence that we as a profession are quite "contented with the sweet reward of exercising it, despising the filthy lucre, honours, and advancement all other professions and callings aspire to, is one reason of the very curious treatment we receive at the hands of the authorities. Successful lawyers are rewarded not only with enormous fees, but with peerages and seats of

honour. The clergy, professors of humility and humble aspirations, are nevertheless content to accept high places, to go clad in purple and fine linen, and fare sumptuously every day ; but we, and we only, are to be "content and blest if we see or think we minister to the welfare of our fellow-men !" I am afraid a shrewd public see through all this, but are "content" to take us at our word.

"I should like to hear some man, as eloquent as Paget, if such a one is to be found, take up the parable with a different text."—*Brit. Med. Journ.*, Dec. 31, 1887.

"*And then he related how the body-snatchers went to Bow Cemetery,*" etc.—ST. BERNARD'S, p. 22.

See the article in the *British Medical Journal*, January 11, 1879, entitled "Reminiscences of a Medical Student prior to the Passing of the Anatomy Act," where the author, after relating experiences similar to those in the novel, says, "if the present Anatomy Act, which gives the unclaimed bodies of paupers to the medical schools, should be successfully interfered with, it would not only materially imperil medical education, but would probably lead to a renewal of those horrible crimes, culminating in the atrocities of which Burke and Hare were guilty ; and that

they, in their anxiety to give Christian burial to unclaimed paupers and lunatics, would become accessories to the murder of their fellow-creatures."

For the whole story of the Burke and Hare murders, see "The Life of Robert Knox, the Anatomist," by Lonsdale (Macmillan & Co., 1870).

I have described medical student life as I knew it in my own hospital days. Some of my lay critics and all my medical ones declare that things are quite otherwise now, and that I am drawing more from Dickens than personal observation in my pictures of student life. Yet I read in the *Daily Chronicle* of November 15, 1887, the following :—

"*Extraordinary Demonstration of Medical Students.*
—Yesterday the Leeds townspeople were startled by the spectacle of about a hundred medical students walking in procession through the principal streets and indulging in sundry strange antics, greatly to the amazement as well as the amusement of the bystanders. The affair appears to have arisen through a proposal made by certain of their number that the students—or, at any rate, the majority of them—should become members of the local Young Men's Christian Association. A notice having been posted up in the medical school asking the students to assemble at the Young Men's Christian Association

rooms to hear the matter discussed, nearly a hundred young men came together, most of whom expressed disapprobation of the movement. A lively scene ensued, the dissentients smoking, shouting, letting off crackers, and generally behaving in a riotous manner. Ultimately they left the hall, and marched in procession to Victoria Square, in front of the Town Hall, where one of them in the midst of a large crowd delivered a mock oration beginning, 'Fellow-brethren and unemployed.' The party then moved to the nearest public-house, and after drinking resumed the procession throughout the streets, vigorously singing the well-known comic song 'Ballyhooley,' and cheering every prominent townsman they met. In the course of the march round several sandwich-men were thrown into the gutter, and for two hours the scene altogether was one of an almost unprecedented character, the only breaks in the demonstration being the intervals in which the public-houses were visited."

And in the *Liverpool Courier* of November 10, 1886, I read of what it calls—

"A scene of rowdyism which reflected the greatest discredit on those who were its originators. The vast crowds who paid their last visit on Monday were most orderly both during their stay in the buildings and at their departure, but there was a small gang of well-dressed young men to whom the police were compelled to give some very firm attention. From what some members of this band have stated, it appears that the majority were medical students, who had arranged to hold *one of those riotous demonstrations which young men in their position in various towns in this country think they have a prescriptive right to make, despite*

public protests and police interference. When the hour for closing the Exhibition arrived, and the great majority of visitors were hurriedly making their way to the exits, a company of about thirty young men who had taken up a position at the bar of Mr. Wood's first-class refreshment-rooms, which are on the terrace of the grounds, refused to leave, although repeatedly invited in a most courteous manner to do so by Mr. Wood's representatives. The doors were then closed, and the police sent for, and in a few minutes Inspector Higginbotham, with about a dozen members of the county constabulary, entered the bar. The inspector again gave the gang an opportunity of beating a retreat in a peaceful manner, but his courtesies were rudely refused by the youths, whose language and demeanour were of the rowdiest description, and might have been more naturally expected to proceed from a 'High-rip gang' than a number of educated people of respectable appearance. Finding mild persuasion useless, the inspector very properly gave the order to clear the place, and the officers proceeded to carry out the command. The disagreeable task was not well begun before the rowdies delivered at the police an irregular fire of bottles seized from the bar, and as they were gradually expelled from the bar and deprived of these missiles, they picked up the small Vauxhall lanterns which have served for the illumination of the grounds, and threw them at the officers, several of whom were struck on the face. The rioters who had been ejected smashed the door of the refreshment-rooms, and breaking the ornamental wooden railings which surrounded the building, used them as weapons against the police, who by this time had drawn their staves and were effectually using them on their assailants."

When I read these things, I say, I am led naturally to think that matters are pretty much with these young gentlemen as they were in my time, and as I have described them in ST. BERNARD'S. My descriptions must be taken with this explanation, that I do not think medical students are any worse than the general average of other students; and that if they are more rowdy, it is due to the lenience of the public, who allow them to act in a way which would not be tolerated in other young men.

“*The lecturers poured forth their wisdom to a scant attendance at such times,*” etc.—ST. BERNARD'S, p. 47.

Dr. Waters, of Chester, gave evidence before the Select Committee on the Medical Acts Amendment Bill, as reported in the *British Medical Journal*, July 12, 1879; and in reply to Mr. Wheelhouse, said :—

“It would be just possible under the present regulations for a person to get upon the *Register* without having attended a single lecture; but I do not say that it is a common thing. A student might omit a very considerable number of lectures, and yet by a process of cramming pass his examination. There

are no satisfactory means that I know of for testing the attendance of students at any of the lectures, except, perhaps, by class examinations ; but these are not compulsory. It was a recommendation of the Council that there should be compulsory class examinations ; but, as I have said, its recommendations have not been carried out."

"*Sometimes very terrible accidents arose in this way.*"—ST. BERNARD'S, p. 71.

See "A Curious Mistake," *British Medical Journal*, November 7, 1885, p. 879.

And this :—

"We expressed our opinion that when the student had reached his fourth year it is questionable whether a twelvemonth with a practitioner would not be highly advantageous to him. It would afford the best way for learning practical midwifery, far better than obstetric work in slums, *with or without the aid of an overworked and inexperienced hospital midwifery-assistant.* The pupil would learn those social requirements which are so important to all who live to cure the sick."—From article on "Medical Education and Apprenticeship," in *British Medical Journal*, June 18, 1887, p. 1343.

And this :—

"*Hospital Death-Certificates.*— ——— Hospital has again incurred the censure of a coroner's jury. Mr. W. J. Payne concluded an adjourned inquest on the

bodies of three newly born children, who died shortly after birth. The feature of each case was that a student from —— Hospital attended at the confinement, and owing to the peculiarity of the death-certificates given from the hospital, the local registrars refused to accept them. However, Mr. ——, house-physician at —— Hospital, deposed to making the *post-mortem* examination on two of the bodies, and said that the students in each case had done all that was necessary in a proper manner. The cause of death was a want of vitality—both children being exceedingly puny. Had properly qualified men been sent, the result would doubtless have been the same; but he was bound to admit that, in the last instance, the student was to blame in not informing the staff that the case was serious, and that the child could not possibly live, as a fully qualified man would then have been sent. The custom of the hospital was to allow the students to attend and not call for any superior skill while they were satisfied they could do without it. With regard to the method of signing the certificates, it was the common practice to sign them on the report of the students and without seeing the child at all. *In reply to the coroner and jury, the witness said they were quite aware that by the Act of Parliament they rendered themselves liable to a fine and two years' imprisonment by pursuing this course.* Witness could see also that for the staff to sign certificates on mere information might sometimes lead to serious results. In the third case, the certificate stated that the child had died of convulsions. *The coroner said the inquiry had revealed a blot on the hospital system,* and he would take care to lay all the facts before the Registrar-General. The jury returned a verdict of death from natural causes in each case, and added a rider cen-

suring the hospital authorities for not sending properly qualified persons to see the dead bodies before granting certificates for the registrars.—*Brit. Med. Journ.*, July 15, 1882.

“The house-surgeons always prided themselves on an air of nonchalance and dignity.”—ST. BERNARD’S, p. 88.

An instructive illustration of this chapter is taken from the *British Medical Journal*, August 27, 1881 :—

“Hospital Arrangements.—The newspapers report at some length an inquest which was held this week on a cabman, who died from injuries received by being thrown from his cab. He was taken to St. Thomas’s Hospital, where a surgeon examined him, ordered a dresser to strap his side, and directed him to come next day. The following morning he became worse, and was taken to St. Mary’s Hospital, where it was found he had five broken ribs; and he shortly afterwards died. The jury expressed regret that a more efficient examination was not made at the first-named institution, as this would probably have resulted in the discovery of the fractured ribs, and the man’s admission as an in-patient. Before commenting on this event, which has given rise to severely critical comments in the daily papers, we should be glad to know what explanation, if any, the hospital authorities have to offer. There has been lately a notable increase of cases in which surgical injuries of a severe but sufficiently obvious character have been overlooked by dressers and house-surgeons, and the patients reck-

lessly sent adrift. St. Bartholomew's, the Middlesex, and now St. Thomas's Hospital, have furnished their quota. Is the race of house-surgeons deteriorating? Or must more stringent regulations be instituted for ascertaining the competence of those who are appointed to these important offices, and more efficient means of making them realize their great and twofold responsibility? Their duty to the public and their duty to the hospital, whose fair fame and character are in their hands, should make house-surgeons and dressers realize the fact that the examination and treatment of 'casualties' applying for relief at a public hospital is one of the gravest charges which can be assumed by any man at any period of his career—almost too serious, possibly, for the very young men to whom it is now often entrusted."

My chapter entitled, "Amongst the Out-Patients," is, I consider, amply justified by the following extracts from the medical journals:—

"Sir William Gull's motion, at the recent meeting of the Charity Organization Society, in favour of the establishment and extension of Provident Dispensaries, together with the lucid and convincing arguments he advanced in support of his proposition, once more draws attention to the urgent necessity of hospital reform.

"The experience of thirty years' close attention to the diseases of the poorer classes, fifteen of which were passed at Guy's Hospital, has taught Sir William Gull that *the present system of out-patient relief pursued at the hospitals is highly unsatisfactory*, or, as he

himself expressed it, '*a disgrace to any civilized community.*' This is strong language ; yet the speaker is no sciolist.

"It is a notorious fact that a fractional part only of the out-patients who crowd the London hospital doors can obtain more than a few hurried words of advice from the medical staff, let alone careful diagnosis or treatment ; yet so rooted is the conviction among the poorer and uneducated classes that skilled medical treatment is to be found at the hospitals only, that thither they flock, often after a weary and painful journey, necessitating the loss of a day's work or the neglect of household duties, only to receive instructions to return for treatment some other day. To make matters worse, the greater part of those presenting themselves for gratuitous medical relief stand far more in need of the friendly services of the butcher and baker than of the physician or surgeon ; many others are not in such straitened circumstances as to warrant their application for either gratuitous advice or treatment, and the scant time at the disposal of the medical staff is sorely wasted and trespassed upon, at the expense of *bonâ fide* and more serious cases requiring immediate and close attention. To obviate, then, these abuses—the necessity of the painful tramp to the hospital, the weary and anxious time wasted in the densely packed waiting-rooms (undoubtedly tending to aggravate the patients' disorders)—no less than to afford some relief to the overtaxed and totally inadequate medical staff, Sir William Gull once more urges the immediate establishment and extension of Provident Dispensaries throughout the metropolis. With this aid, in place of the present loose and slipshod method, or rather want of method, in administering out-patient relief, a proper and carefully

organized system might be at hand to meet the exigencies of every case, the more grave of which could be treated clinically at home. The same tale has been told over and over again by the late Sir William Fergusson, by Dr. A. P. Stewart, by Mr. Timothy Holmes, and by other leading members of the consulting branch of the profession, as well as by Dr. Joseph Rogers, Mr. Nelson Hardy, Mr. Stephen Alford, and other representatives of the class of general practitioners in the metropolis, not to speak of their provincial *confrères*. In an interesting and extremely able paper read before the Metropolitan Counties Branch of the British Medical Association (see *British Medical Journal*, March 16th, 1878), Mr. Timothy Holmes pointed out that at the hospitals admission is too indiscriminate, so that a number of persons are admitted beyond the powers of the institutions properly to deal with; and that it is impossible in those hospitals attached to medical schools, to give that instruction which the students ought to derive from the out-patient practice. As a consequence of this excess of numbers, *the poor are made to wait an inordinate time for the advice given; and such advice, when obtained, is often hurried and worthless.*—*Brit. Med. Journ.*, May 4, 1878.

In the above-quoted journal of January 5, 1878, Mr. T. Holmes, the great surgeon, writes as follows :—

“ The absurdity and cruelty of keeping a poor patient waiting for four or six hours, and then scratching a ‘P’ on his paper and serving him out a bottle of useless physic, would be at an end.”

This, too, is as strong a condemnation of the out-patient system as anything I have written, where the same authority says :—

“I think no one would seriously deny that (speaking still of London only) a great deal of our out-patient relief is superfluous, and a great deal is not efficient. I do not speak so much of the cases of well-to-do persons who are believed to attend out-patient departments. There is no doubt that there is a certain proportion of such persons at special institutions ; but such special institutions are often hardly public hospitals in any genuine sense, and we need not here inquire whether all the patients are really gratuitous. There is obviously no public reason why they should be so. *But I refer more to the crowd of utterly trivial and routine cases which load our out-patient rooms. We are told that the reason why hundreds of patients are admitted every day at some of these institutions is in order that, out of this mass of chaff, a few grains of wheat may be winnowed ; that a few interesting or important cases may be selected for treatment as in-patients.* But is this necessary, and is it really done ? Mr. Jordan has well pointed out its admitted evil effect in completely destroying the ample field of clinical instruction which the out-patient room ought to afford, but which it now cannot possibly afford, unless the physician or surgeon neglects his primary duty, that of attending to his patients, for what is, after all, as far as the hospital is concerned, only a secondary object : the instruction of the students. I know that some out-patient officers have imparted most admirable clinical instruction to their classes ; but it has always, I believe, been done by transferring the great bulk of the routine work to assistants.”

At a meeting on the medical treatment of the working classes held at the Society of Arts, the committee recommended that "*those cases which are vouched for by the physicians or surgeons as of special interest should be retained for hospital treatment.*"

At a meeting of the Hospitals Association held on the 23rd April, 1884, Mr. Timothy Holmes, as reported by the *British Medical Journal*, urged,—

"That the chief use of hospitals was that they should teach practitioners of medicine and surgery.

Firstly, a hospital should be a place for medical education; secondly, for the relief of suffering; and, thirdly, for the training of nurses; all of which objects should be considered in due proportion by those exercising the management."

"The greatest use of hospitals is to promote the advancement of medical science, and to afford an improved method of recognising and of treating disease" (Oration at the Mansion House by the President of the Medical Society of London).—*Lancet*, June 26, 1886, p. 1250.

"He would repeat that perhaps the very greatest advantage that the hospitals conferred was not upon the sick, but upon those who stood aside and who only sometimes grudgingly gave to their support" (Address by Sir ——— Bart., M.D., at Lambeth Palace).—*Lancet*, June 26, 1886, p. 1252.

In an article in the *British Medical Journal*,

on "The Abuse of Hospitals," the opinions of an eminent authority are thus expressed :—

"As to the cause of this gigantic and growing evil, which threatened to pauperize the profession in its lower branches, and to denude it of its dignity in all, Dr. Hickman believed it lay entirely with the medical profession itself. The public did not require nor demand gratuitous medical services. The philanthropic founders and supporters of the old hospitals made liberal provision for the remuneration of the medical staffs, whom they attracted by a liberal pay and dignified position. It never entered their heads that the doctors, more than the butcher or baker, should give services for nothing. The medical profession itself, which thrust its gratuitous services on an almost unwilling public, was really responsible for the present state of things. *The large and increasing number of hospitals and dispensaries was not an evidence of the intense interest taken by the profession in the poor, nor was the large amount of time and labour gratuitously devoted to their service simply an index to the disinterested philanthropy of medical men. The object of this interest and these services was not the benefit of the poor, nor of the profession, but the particular benefit of the individual, who looked forward to be amply repaid in the future, by increased experience, enhanced reputation, and the legitimate advertisement of himself, which was almost the only opening to high-class practice and high-class fees.*

* * * * *

"At present there was an enormous waste of material and power going on at all hospitals. Rare diseases were daily demonstrated to students who knew nothing of ordinary diseases; the ripest professional minds

were employed in drumming the same elementary knowledge into series after series of apathetic youths, many of whom would never even present themselves for a diploma. Would not the physicians and surgeons be more usefully and honourably employed in unfolding their rich stores of experience, and the mature results of their study and thought before an appreciative audience of earnest fellow-workers, brother practitioners?

* * * * *

“The hospital should be the centre of medical knowledge for its district, where the practitioner could daily see, and practise, the use of the latest instrumental or other aids, see the last introduced drugs or chemicals; where he could always find some rare or important case, and witness the details and effects of new or revised methods of treatment; assist at carefully conducted *post-mortem* examinations, and increase his acquaintance with pathology and pathological processes.”

The *British Medical Journal*, July 1, 1882,
says :—

“We are informed that, henceforth, the abundant *clinical and pathological material* at the Brompton Hospital will be utilised for the purposes of more systematic teaching.”

Dr. C. D. Williams, in his oration to the Medical Society of London, May 5, 1884, said :—

“But there is one aspect of our profession which is unrivalled, and that is its scientific aspect. It is this

which fascinates us all, that makes us give our services gratuitously," etc., etc.—*Lancet*, June, 1884, p. 1019.

The Management of Hospitals.—On Friday, June 10th, 1881, at 8 p.m., an adjourned general meeting of the Metropolitan Counties Branch was held at the rooms of the Medical Society of London, 11, Chandos Street, Cavendish Square, to receive the report of the committee appointed at the meeting on February 23rd to collect information on the subject of the Management of Hospitals. Dr. Habershon, President of the Branch, occupied the chair.

One eminent surgeon said :—

"It was not proposed to ask the Government to make improvements in medical teaching—that must come from the physicians and surgeons. But in the hospitals a large amount of material was allowed to go to waste ; there was a great deficiency of material for clinical teaching. One thing that was desired was that the Royal Commission should inquire whether the Poor-law hospitals and similar institutions might not be used for medical education."

Another doctor said :—

"As to medical schools, he had observed that the lay governors required education as to the advantages of medical teaching in hospitals. Many thought that a clinical hospital was a great institution for experiments on the sick."

[Not far out either !]

Dr. J. H. said :—

"As to the workhouse hospitals, the profession had

a right to ask for admission to them for the purpose of clinical teaching. A vast amount of good teaching and valuable cases of an acute kind were lost in them."

[No ; the ratepayers want their sick paupers cured as quickly as possible, that they may take themselves off the rates and get to work. The "good teaching" and the "valuable cases" are all very well for the great charities, but the over-burdened ratepayer would never stand this sort of thing, Mr. J H. !]

The next speaker hit the mark when he declared that—

"Experience showed that no House of Commons would allow the workhouse infirmaries to be used for clinical instruction. The passage of paupers to the infirmaries was not voluntary, and the attempt to use them for clinical study would be opposed by all the Radicals. There had been a difficulty of obtaining subjects for dissection. Teachers of anatomy had been trying to get the bodies of paupers, but were told that no one dare make such a proposal. Government investigation would lead first to Government control, and then to Government management."

Bravo, Radicals ! Of course they would oppose it, because, poor creatures, they are so liable to be the next victims of clinical study !

"*Are there not galvanic batteries at hand?*"
—ST. BERNARD'S, p. 106.

"On October 6th, in order, if possible, to determine the nature of the cerebral protrusion, as to whether it was cerebral matter or only granulation tissue, reduced shocks from a Du Bois coil were passed through it, but no visible result followed. The child felt nothing of it; there was no movement, nor did the pupils alter in size." (Case of compound fracture of the skull. Death. —'s Hospital.)—*Brit. Med. Journ.*, Oct. 1, 1887, p. 720.

"*He has not the least hope it can save her life.*"—ST. BERNARD'S, p. 109.

"We all know that the statistics in favour of tracheotomy below the age of three are not very favourable, some practitioners in Germany even refusing to perform the operation in croup or diphtheria, *while some of the hospitals deny admission to the patients*, as it increases the mortality percentage of their operative treatment to a very great extent. Out of 504 patients on whom the operation of tracheotomy was performed in diphtheria at Professor von Langenbeck's clinic during the last six years, 357, or 70·8 per cent., died." (Memorandum on a bloodless method of performing tracheotomy, by Louis Henry, M.D., L.R.C.P.)—*Brit. Med. Journ.*, May 25, 1878, p. 752.

Dr. —, Physician to the Samaritan Free Hospital, in a paper in the *British Medical Journal* for April 30, 1887, says :—

"M. S., aged 24 (married), came under my care on July 10th, 1886, for a tumour. It was determined to treat this tumour by electrolysis. Dr. —, electrician to St. Bartholomew's Hospital, kindly gave me his valuable advice and assistance with the battery. I passed three curved needles into the tumour. The ends of the needles were connected with the positive pole of a 30-cell (Stohrer) constant current battery, all the cells being in use. Dr. S—— then applied a flat sponge electrode connected with the negative pole on the left thigh of the patient. The patient was put back to bed." This was on August 2nd. The patient died on August 22nd. "The husband objected to a *post-mortem* examination, but leave was obtained to remove the tumour, and this was done, but the specimen was accidentally destroyed by a nurse before it was examined. Altogether, a more disappointing termination to an interesting case could not be imagined." "The case has taught me that galvano-puncture is by no means free from danger, while it is not suited for cases In a future case I should prefer to use the Faradic current daily for several days, as first applied by Dr. —. *Personally I should not again employ galvano-puncture until we know more about the exact dose that is advisable.*"

[Does it not seem wonderful this has never been ascertained after the millions of animals experimented on for the benefit of the human race? Poor "M. S. (married), aged 24"; it was a pity she could not have waited till we had learned to measure our doses of electricity. There seems a great future before electricity,

but it is a nasty thing to dabble in till we know all about it !]

Several medical critics have taken me to task for stating that house surgeons do capital operations. It is impossible in a novel to be as technically correct as if we were writing a medical treatise, and I have not always made it sufficiently plain whether I meant house or assistant surgeon. But I have known a house surgeon do a capital operation, and very proud he was of the honour; and there is a case reported in the *British Medical Journal* of December 4, 1886, page 1098, where a senior obstetric resident performed perhaps the gravest operation in the whole region of abdominal surgery—in a maternity case of the charity department of one of our great hospitals. Unhappily the patient died soon after the operation was completed. There is no doubt that the operation (if it was at all likely to have been of any use to the poor woman) was properly performed. I only mention the fact as recorded to prove that operations of the greatest gravity are sometimes done by other than the visiting surgeons.

“Then there were photographs to be taken.”—
ST. BERNARD'S, p. 141.

A man broke both his arms and went to a hospital—

“The surgeon for the week saw the patient, and, thinking the case rather rare and curious, suggested that a photograph should be taken, which was accordingly done. The young fellow did not care much about this ordeal, as he could not keep his arms very quiet, on account of the great pain he was suffering. The fractures were treated with straight anterior and posterior splints, not reaching much beyond the wrists, each hand being drawn to the ulnar side.”—*Brit. Med. Journ.*, Dec. 8, 1883, p. 1129.

A fatal result of operation for genu valgum was reported in the *British Medical Journal*, June 21, 1879, in which it was stated that—

“Bearing on the fatal issue was a circumstance which Dr. — only discovered after the patient died; viz., that on the evening of the day of operation the house surgeon had made efforts to straighten the thigh, which was flexed slightly on the abdomen owing to a seeming lumbar curvature, using two extra splints and an elastic bandage, which he kept on for several hours. Dr. — traced the cellulitis of the upper part of the thigh to this treatment.”

“A rare and very interesting skin affection.
No active treatment has yet been suggested, as it is

much too pretty to spoil by any attempt at cure just yet."—ST. BERNARD'S, p. 111.

At a clinical lecture delivered at the — Hospital by — —, F.R.C.S., Senior Surgeon to the Hospital, etc., etc., etc., the lecturer said :—

"The patient whom we are about to discharge from — ward, cured of severe pemphigus, was admitted for a special purpose. He was sent in by my friend and former pupil Dr. —, in order that he might be cured. You will say that the hope of cure is the motive which brings most of our patients to us. True; but in this instance there was something more than this. Dr. — could easily have cured him himself, but he sent him here in order that I might do the miracle of cure under your eyes, and thus claim your belief in the efficacy of drugs. You will remember his state when admitted; he was covered from head to foot with bullæ; the trunk was less severely affected than his limbs and head; on these, there was nowhere a space as large as the palm free from bullæ, and on the trunk also there were a considerable number. *He was in a miserable condition from pain and irritation.* The eruption had been out about ten days, and it affected the mucous membrane of his mouth as well as the skin. *You may remember that we kept him in bed for a few days before we used the magician's wand, in order that all might see that there was no natural tendency to amelioration.* More bullæ came out; then, without making the slightest change in diet, we ordered a few drops of a tasteless solution of arsenic to be swallowed three times a day. The result

was that, at our next visit, most of the bullæ had dried, and there were no fresh ones."—*Brit. Med. Journ.*, Jan. 7, 1882, p. 5.

"By the way, there is a woman dying in the next ward who has a perfectly charming optic neuritis. You ought to see that. Don't examine it very often, as it hurts her dreadfully," etc.—ST. BERNARD'S, p. 112.

The following case is perfectly typical of the method of teaching students in hospitals at the expense of pain and often permanent injury to those who attend for the purpose of recovering their health with all possible speed. Note that this man's "intolerance of light was very marked"—so much so, that a long time must elapse ere an ophthalmic examination could be made. As soon as this was possible, the clinical teacher was so delighted with what he saw, that he *"advised those students who were studying ophthalmology to miss no single opportunity of making themselves thoroughly masters of the case."*

This, if carried out, must have been anything but pleasant to the patient, who, as we see by the last sentence, was not yet cured.

“ ——— GENERAL INFIRMARY.—*Case of Inflamed Optic Discs* (Under the care of Mr. ———).

“J. ———, aged 32, a watchmaker, applied for advice. Six months ago he began to suffer from intolerance of light, and slight orbital neuralgia. These symptoms remained unaltered for some months. The following was his condition when first seen. Intolerance of light was very marked. There was redness (sclerotic) of degree No. 3. Tension = $\times \frac{1}{2}$. Pain was of the degree No. 2. A rough test of vision showed that he could read large letters.

“ His general health was below par.

“ He was wearing glasses of a dark green colour, which he said were a great comfort to him. Intolerance of light was so great that only the most cursory examination could be made. Mr. ———, in remarking on the external symptoms, said he had but little doubt the ophthalmoscope would disclose a neuroretinitis, but that a length of time must elapse ere such an examination could be made.

“The treatment consisted in absence of light, leeches, iodide of potassium, and atropine.

“ The progress from the first was very marked. The dilatation of the pupil by atropine and the local bleedings afforded great relief. This treatment was continued for six weeks ; and on May 17th, for the time, Mr. ——— was enabled to make a satisfactory examination with the ophthalmoscope. A very unusual appearance of disc was at once observable. Mr. ——— drew attention to the fact that the condition of the discs was unlike anything he had previously seen. Each disc stood out prominently from the retina as a round well-defined mass, in shape like a large shot heated to redness (ball of fire). No vessels could be seen on the face of the discs. The media

were slightly cloudy, and the retina was inflamed. A condition so unusual goes far to prove that the optic disc may undergo various phases of inflammation, and yet vision remain. The history of the case points to no cause other than the excessive strain of the eyes when using a glass of high power under a brilliant light. Mr. —, in his clinical remarks, observed that it was the first case of the kind he had seen which exhibited this strange peculiarity of disc; *a condition so striking that he advised those students who were studying ophthalmology to miss no single opportunity of making themselves thoroughly masters of the case.*

“The ultimate result of the case, Mr. — believes, will be a gradual return of healthy circulation in the disc, and useful vision.”—*Brit. Med. Journ.*, June 7, 1879, p. 853.

“He can scarcely live till next morning, but if you are interested in phthisis,” etc.—ST. BERNARD'S, p. 112.

In the *British Medical Journal*, September 24, 1887, p. 675, we read of the very minute examination of one A. L., aged 50, who was admitted to — Hospital, on May 26, 1887.

“On admission, patient was unable to speak, but appeared to comprehend when spoken to. The eyes were turned to the right; the pupils were very contracted, and did not react to light. There was paralysis of the left arm and leg, and lower part of left face. There was not any marked turning of the head or tongue. Patient did not appear to feel the prick of a

pin at all down the left half of the body, and sensation was somewhat impaired on the right ; the left conjunctiva was much more insensible than the right. There was free sweating confined to the left side, and noticed chiefly on the face. Knee-jerk was absent on both sides ; plantar reflex present on the right, absent on the left. There was no conjugate deviation of head or eyes. There was a presystolic and a systolic murmur at the apex, and abundance of *râles* in the chest ;¹ abundant albuminuria. Pulse 100, irregular, hard ; respiration 34, Cheyne Stokes ; temperature 99·4° F.

Temperature during			Right Axilla.		Left Axilla.		Rectum.
May 27th.							
4.0	A.M.	...	100·2	...	101·6	...	—
4.30	P.M.	...	99·6	...	100·6	...	—
5.30	P.M.	...	100·6	...	101·0	...	103
6.30	P.M.	...	100·6	...	101·0	...	103
8.0	P.M.	...	100·8	...	101·6	...	103

“Patient gradually got worse, and died shortly after eight.”

I give this case not as involving any horrors, but merely to prove the truth of my statements that in the hospital the last moments of the dying patient are not exempt from the observations necessary to make “a case for the journals.”

Here again, in the *British Medical Journal*, May 14, 1887, we have the same sort of thing.

“*A unusual Cause of Emphysema.* (Under the care of — M.R.C.S.E., Assistant Medical Officer.)—

¹ These signs must have been ascertained by the stethoscope, and the whole of the observations were evidently made with the minute carefulness with which such things are done in hospitals.

Wm. P., aged 44, was admitted in a dying state into the — on Monday, October 25th, 1886, at 5 p.m. He had urgent dyspnœa,¹ his skin and mucous membranes being very blue, and his pulse quick and feeble. His face and neck were much swollen, and on palpation this was found to be due to emphysema of the subcutaneous connective tissue, which on further examination could be traced all over the trunk as low down as the hips, and for some distance down the arms. He denied having sustained any injury. After a careful examination by my colleague, Mr. —, and myself, no injury to the ribs or respiratory tract could be made out. The chest-wall moved very little on respiration, the breathing being for the most part diaphragmatic.

“Percussion elicited a resonant note all over the chest, though at the bases and in the axillæ the note was flatter than that obtained at the anterior and upper part of the lungs; in the former situations there was almost an entire absence of breath-sounds on both sides in the lower half of the chest, but in the former air entered freely. The heart’s apex could not be made out, his breathing gradually became worse, and he died, somewhat suddenly, three hours and a half after admission.”

“Tried by the performance of operations of terrible gravity on those who, at longest, had but a few weeks to live.”—ST. BERNARD’S, p. 114.

The following published cases will illustrate the meaning of this passage :—

¹ Difficulty of breathing.

“The patient, who was in a most critical state during the operation, rallied well ; but, on the following day, he began to breathe with difficulty, secretion accumulating in the trachea, and he died within thirty-six hours. On *post-mortem* examination, it was found that the cancer had ulcerated completely through from the œsophagus to the trachea, and that the latter was full of secretion from the growth, which, in his exhausted state, the patient had been unable to expectorate.

* * * * *

“So far as it went, the object aimed at in this, the first and most important stage of gastrostomy, had been attained, and the case may be regarded as telling in favour of the operation in simple insuperable stricture of the œsophagus ; but, in cases of malignant disease, I would never urge, indeed, hardly recommend, an operation, the object of which is merely to prolong life, while leaving the disease itself untouched. Cases of gastrostomy, ending as did this case, are, I doubt not, far more common than public records would lead us to suppose. That a man should die as did my patient is nothing extraordinary ; that he should recover is so, and it is the extraordinary, not the ordinary case, which is usually published.”—*Brit. Med. Journ.*, Feb. 9, 1884, p. 263.

Here is a similar case at—

“—— Hospital, London. Gastrostomy for epithelioma of œsophagus ; death after six hours.”—*Brit. Med. Journ.*, May 21, 1887, p. 1097.

We are informed that—

‘The operation was undertaken solely as a last

resource. The state of the patient was such as to preclude any sanguine hope."

At — Hospital the operation of gastrostomy was performed on F. R., for cancer of the œsophagus. The operator, in his report of the case to the *British Medical Journal*, says :—

"In none of these three cases does life appear to have been lengthened by gastrostomy; nay, it must probably be admitted that the lives of two of these patients were slightly shortened by it. To ensure, as far as possible, a better result in future, I shall adopt the vertical incision through the semilunar line, and shall examine the stomach with greater care to test its mobility, and to discover exactly the part of it with which I am dealing."

In the discussion on his paper at the meeting in question, another surgeon says :—

"Of course the operation is only palliative, and cannot add more than a few weeks or months to the patient's life. Yet I hope and think Mr. — has taken too gloomy a view of the advantages to be derived from it."

The sequel to a case of gastro-enterostomy, by Arthur E. Barker, F.R.C.S., Surgeon to University College Hospital, etc.

"It is too soon to pronounce upon the position which this operation is to take among regular proce-

dures ; but in this case, at all events, there was speedy convalescence, considerable improvement in the general condition for at least nine months, and probably some prolongation of life.

“In conclusion, I cannot think that this operation ought to be done in extreme cases, where the patient is quite worn out by disease and suffering.”—*Brit. Med. Journ.*, April 9, 1887, p. 776.

I do not quote the details of “a terrible operation,” as the *Lancet* (January 30, 1886, p. 220) describes it, because it took place in the chief hospital of one of the principal cities of the Continent, and not in our own country ; but the *Lancet* thinks that such a terrible mutilation can have “no other result than the patient’s speedy death ;” and I only refer to the record of the case because I think that opinion could be equally well applied to much of our English surgical work at the hospitals.

In an article in the *Lancet* for January 9th, 1886, p. 72, the editors say, with reference to the operation of gastrostomy :—

“It is doubtful whether some of these operations have resulted in adding to the sum total of human life ; the prolongation of a life here and there does not compensate for *the cutting short of that of many others.*”

See also *Lancet*, February 20, 1886, p. 340, where six deaths after gastrostomy are recorded.

Mr. — Surgeon to the — Hospital, in a lecture—

“After recapitulating his well-known views, speaks of hysterectomy as an operation attended with a fearful mortality. In his own experience it has amounted to 35·7 per cent., owing chiefly, he believes, to deaths from hæmorrhage. He believes that, in some of these incomplete cases, he might have finished the operation, but he always had a horror of a patient dying on the operating table; and from that distressing incident he has hitherto been entirely free. He now believes, however, that it would have been better to have had such a disaster, and to have finished a larger number of these operations.”—*Brit. Med. Journ.*, January 31, 1885, p. 219.

In an article in *The British Medical Journal* for January 31, 1885, by Dr. —, Surgeon for Ovarian Diseases, — Edinburgh, on Hysterectomy, this eminent specialist says.—

“The fatal case in this series is a typical one of the way in which, with one or two exceptions, my fatal cases after abdominal operations have died for some years past. Death seems to begin from the hour of the operation, or rather during it, before even the patients are placed in bed. There is a cold surface, a rapid feeble pulse—150 to 180; and this never comes down till they die.

* * * * *

"I often ask myself the question, Does a mortality of 8 per cent. justify an operation for a disease that, as a rule, has only a limited active life, that torments simply, and that only for a time, though of itself it rarely kills? The mortality of an ordinary uterine fibroid, if left alone, is nothing approaching a death-rate of 8 per cent. Most of the cases on which I have operated were known to me for years before; only the extreme cases were done; in nearly all, the lives were useless, and the risk of operation was clearly understood. Considering the nature of the cases, it seems to me that these operations were, perhaps, justifiable; and, if these were barely justifiable, what can be said of those ghastly lists of hysterectomy where the mortality is one death in every two, one death in every three, or even one death in four or five. Dr. Bigelow, of Washington, has lately collected all the cases placed on record up to March, 1884. At best this must be an imperfect list, and can only show the least bad side of the operation. Of 359 operations, done by sixteen of the most successful operators, there were only 227 recoveries and 132 deaths, or a greater mortality than one of every three operated on.

* * * * *

"Be this as it may, the fact is that we must look for greater success in hysterectomy in the developing of the technical methods of operating, just as Mr. Baker Brown did twenty years ago, when, by a simple change in his way of treating the pedicle of an ovarian tumour, he at once lowered the mortality of ovariectomy by two-thirds; only in this case the London surgeons would have none of it, but worked away on the old lines, losing one patient out of every three or four, while this great improvement really

seemed to be wilfully neglected ; and now, when the real discoverer of a perfect intraperitoneal method is long lying in his grave, they begin to wonder what Mr. Baker Brown really had to do with the advancement of abdominal surgery."

"I say it deliberately, hysterectomy is an operation that has done more harm than good, and its mortality is out of all proportion to the benefits received by the few. What is the mortality of this operation, now so often and so unnecessarily performed? We shall never know. I put it at 25 per cent., though it is probably much higher. I may be wrong ; others can correct me by giving their total results. In other words, one out of every four women operated on by hysterectomy has till now died after an operation for the removal of a tumour that has, as a rule, a limited active existence, and that of itself rarely shortens life.

We have no right to rush our patients into such a fearful risk, yet this is done every day. In abdominal surgery responsibility seems to have become old-fashioned and gone out of date"—(DR. —, Surgeon to the —, Edinburgh).—*Brit. Med. Journ.*, Dec. 10, 1887, p. 1257.

"A study of recorded cases in which nephrectomy had been performed seemed to show that life was not prolonged even in the successful cases, and the statistics proved the danger that attended the operation."—See *Brit. Med. Journ.*, April 18th, 1887, p. 881.

"Dr Wilson had what has been aptly termed the 'furor operativus'—the operative madness."
—ST. BERNARD'S, p. 150.

Hear the *British Medical Journal* on this, May 28, 1887, p. 1178:—

“Readers of German medical journals must be astonished at the large series of total extirpations of the uterus which different operators have recently recorded. This perilous operation is of a nature totally different to the numerous varieties of abdominal section which have developed since the establishment of ovariectomy. In the *Centralblatt für Gynäkologie* for April 23rd, Dr. C. H. Stratz writes some severe strictures on ‘Furor Operativus,’ in reference to an article published by a Cologne surgeon in a recent number of the *Archiv für Gynäkologie*. This surgeon claims to have performed sixteen cases of his ‘extra-peritoneal method of extirpation of the uterus.’ The indications for operating were in five cases cancer, in one fibroma (operation incomplete), in four endometritis, in three ‘retroflexio or versio fixata,’ in two prolapsus, one of these being complicated with endometritis, in one ‘pruritus uterinus,’ and in one neuralgia and retention of urine, making up the sixteen cases, the incomplete operation being excluded. The fact that out of sixteen cases only five were cancerous is sufficient to characterize the questionable boldness of the operator. ‘*It is astounding,*’ Dr. Stratz observes, ‘*to read on what slight excuse a difficult and dangerous operation was performed.*’”

On Sept. 15, 1883, p. 522, the same journal reported an eminent London specialist as saying that such operations had been in this country “simply disastrous. Look at the num-

ber dying miserably with recurrence shortly after" the operation in question.

In the same journal, Jan. 5, 1878, p. 15, we have a report of a discussion on a very terrible operation which seems to have caused the death of several patients. A great physician present asked :—"Why was it done? The course of fibroids was not usually fatal, and abdominal section should not be undertaken for their removal unless life was endangered." And another great authority said :—"Unless there were danger, the operation was not justifiable."

Dr. —, of Guy's Hospital, reports on twelve cases of exophthalmic goitre who have been in the hospital recently; he says, in the course of his paper, that—

"Seven of the twelve are dead. With regard to the treatment (of the five who are still alive), Jane A., who did best of all the cases, had no treatment." —
Brit. Med. Journ., July 24, 1886, p. 151.

[Just so !]

"‘I could have saved that leg if it had been my case,’ said Senior Surgeon Bishop.”—ST. BERNARD’S, p. 155.

In an article in the *Lancet* of March 20, 1887, by — —, F.R.S.E., the writer says.—

“In a large proportion of cases in hospital and private practice in which I have been called upon to amputate, I have not touched the knife, and have spared the limb.”

And he proceeds to say how condemned limbs may be saved.

Again, in the *British Medical Journal*, Feb. 21, 1880, p. 274, a great hospital surgeon says :—

“And now, having taken leave of the subject of osteotomy, I cannot help remarking, in the most general terms, and with no *arrière pensée* whatever, how often it happens that, when we are reading the account of a cutting operation, which perchance might be considered unjustifiable, or for the performance of which there might seem at any rate to have been no urgent demand, we find it noted that ‘the operation was conducted throughout upon the strictest antiseptic principles.’ The recorder of the event would throw the fine dust of carbolic acid even into the eyes of critics who might otherwise, perhaps, have regarded the surgical interference unfavourably ; and thus Lister’s grand precautions for insuring cleanliness are made a stalking-horse for speculative surgery. Oh, antisepticity, how many crimes have been committed in thy name !”

But I have something more startling even than these strong statements. Let us hear

what the *British Medical Journal* (Dec. 6, 1879, p. 892) says of a work entitled—

“The Surgical Treatment of Wounds ; and Extracts from the Clinique for Military Surgeons.” By I. Neudörfer, Principal of that Clinique. Vienna.

“Dr. Neudörfer is well known as one of the most scientific of the surgeons who are opposed to the theory on which Mr. Lister's treatment of wounds is based, while admitting the practical success of Lister's treatment, and affirming the goodness of his method of dressing in its most essential features. In his more recent treatise, our author commences by a repetition of his attack upon Lister's method ; and, whatever may be thought of his theoretical or experimental objections to it, the following observations are at any rate worthy of careful consideration by anti-septicians.

“Still worse is the fact that many surgeons are led on by the method of Lister *to perform operations which had better have been omitted*. Now it is the almost disused operation of trephining, which is represented as a mere trifle in surgical treatment under Lister's dressing ; now, again, it is the opening of the great cavities of the body, or of the great joints, or the stoppage of the great arterial trunks, to which the surgeon is encouraged as being safe under Lister's treatment. But worst of all is the circumstance, that by Lister's treatment one of the greatest acquisitions of the surgery of this century is put in danger. It is my opinion that that great branch of surgery, only about twenty-five years old, and only slowly making its way, and which in the two short words ‘conservative surgery,’ embraces a multitude of happy surgical novelties and improvements, is threatened by

Lister's method. I possess proof that even now, in the short period during which Lister's method of treating wounds has prevailed, a noticeable retrogression has taken place in conservative surgery ; and *I am in a position to assert that, out of the hundreds of amputations of limbs and resections of large joints performed in the last few years, a considerable percentage have been undertaken only to glorify Lister's method, or in consequence of its influence, and might have been omitted without any detriment to the patient*" (pp. 16, 17).

"We must admit that there is at any rate some truth in the charge, and that both Mr. Lister himself and his followers have been led by their confidence in antiseptics to perform operations which it is a compliment to designate as 'dubious.'"

Have I said anything worse than this in ST. BERNARD'S, O wrathful critics and reviewers ?

A great authority on lunacy has lately told us that, in addition to the risk to our lives which we run in these operations, we have also to face the risk of insanity from the anæsthetics given to us therein.

At the Annual Meeting of the British Medical Association, held in Dublin, August, 1887, Dr. Savage, Medical Superintendent and Resident Physician, Bethlehem Royal Hospital, and Lecturer on Mental Diseases, Guy's Hospital, read a paper on "Insanity following the Use of

Anæsthetics in Operations.”—Reported in *Brit. Med. Journ.*, Dec. 3, 1887.

Soon after the Medical Congress had held its great session in London in 1881, the following very remarkable letter appeared in the *British Medical Journal*, and is far stronger than anything in the pages of ST. BERNARD'S :—

“Dr. Rumbold has made quite a little collection of things which ought not to be, and of tales out of school, with which he regales his countrymen. At the Liverpool Infirmary, he was scandalised with the “young ward doctors”; “the most of them,” he observes parenthetically, “part their hair in the middle.” He spoke to the young gentleman who thus incurred his wrath, of the nasal cavities and Eustachian tube, and reports his answer : “Oh, that is a nasty part of the head ; we can learn enough of this in the books.” “His contempt, his conceit, and his ignorance,” says the amiable visitor, “were equal.” Dr. Rumbold was then taken through the whole hospital. His comment is : “As I have said, I saw nothing that was striking, except the universal clumsiness of their splints for fractures of all kinds.” Coming on to London, he has much to say of the bungling mistakes of brilliant operators. Thus he describes an operation in which the mastoid process was needlessly trephined and the lateral sinuses opened. He adds : “I am very certain that it will pay American physicians to come over here and see mistakes made ; but to see them too often makes one too reckless, which is closely allied to bar-

barism." He adds : "As an instance of heroic surgery at one of the old hospitals, I may direct the reader's attention to an operation of ovariectomy performed there. *The abdomen was ripped from pubis to sternum, and what appeared to me to be ovarian or ovario-uterine or uterine fibroid, by a persistent and persevering series of separating, tearing, ligating, and dividing, was taken out of the then apparently (at a casual look) eviscerated subject, and the extensive wound stitched up, just before the patient breathed her last.*" Further : "A gynæcologist of considerable experience, a few days ago proposed to do ovario-tomy ; but, *after opening the abdomen, he found the tumour to be uterine, when he declined to proceed further, and closed up the opening at once.*"'"

As an illustration of the truth of my charge on p. 167, of the gross defects of medical education at our hospitals, I give the following remarks to students by one of their examiners :—

"Your presence here to-day shows that the better class of students can still find time for some work of supererogation, when such work brings with it the opportunity for studying diseases which, though common in practice, are rare in hospitals.

"I say, then, that some means ought to be found for utilising the great institutions under the poor-law system, and more particularly for giving students practical tuition in the unspeakably important subject of fevers, a subject more neglected than any other in

our present system of medical education, if we consider it in proportion to its vast importance to public hygiene. When this has been done, and when our students are freely taught the many lessons they could learn in the parish infirmaries, I think the chief function of special hospitals in medical education would have been discharged" (From an address on Children's Hospitals as Medical Schools by Timothy Holmes, F.R.C.S., etc., Surgeon to St. George's Hospital).—*Brit. Med. Journ.*, Oct. 30, 1886, p. 807.

And again :—

"He thought it was true, and was one of the imperfections of the present system of medical education, that they did not teach the student to recognise cases of scarlet fever, measles, and small-pox."—Dr. Glover, at the Session of the General Council of Medical Education and Registration, 1887. Reported in *Brit. Med. Journ.*, Nov. 26, 1887, p. 1161.

At the same session—

"Dr. Wilks said there were undoubtedly certain points on which qualified assistants might be found wanting. He had examined for years with Dr. Peacock, and he had never failed to ask the candidates how many cases of scarlet fever they had seen. Most of them answered that they had never seen a case. He remembered a young man, who had taken prizes at his school, and had taken the diploma of the Royal College of Physicians, and he had obtained the most excellent testimonials from his teachers, himself among the number. This young man obtained the appointment of medical officer to a school at the place in Essex where he was going to practise. Some

time after a boy had an eruption, then another, then twenty, and at last he was obliged to ask an old country friend to come and tell him what it was. He was told it was measles! That gentleman had never seen a case of measles before.

“Professor Haughton said it was a fact that he had been urging on the Council for ten years past in the matter of midwifery cases. It was only quite recently that every young man going into the profession had seen a case of midwifery. He would be very sorry to be treated by a young medical man in any case of fever. He knew as a matter of fact that many students attending hospital practice never went near a fever hospital. He asked Dr. Banks whether it was not a very common practice for medical men in Dublin to give a cynical testimonial that Mr. So-and-So had ‘had ample opportunities for studying every kind of fever,’ but not a word was said as to whether he had availed himself of his opportunities. On several occasions he had had to tell parents that their children were suffering from scarlet fever when the medical attendant had overlooked the fact. He cordially supported the final paragraph of the report.

“Dr. Aquila Smith said that men had been known actually to refuse to examine a case of fever.”

Dr. Urban Pritchard, Aural Surgeon to King’s College Hospital, delivered an address at the meeting of the British Medical Association, in Ryde, Isle of Wight, August, 1881, on one of the great shortcomings in medical education—the absence of practically any study of ear-disease. This contempt, he said, leads to

injurious treatment, which is a very positive evil, concluding his address with asking :—

“Can we not do something to induce our examining bodies to include aural surgery in their examinations?”—See *Brit. Med. Journ.*, August 27, 1881, pp. 356, 357.

Now, I venture to say, all this reveals a terrible state of things. A student is expected to know how long it takes to bake a rabbit to death in a properly constructed oven, what the effect upon us would be if we were varnished all over, and no end of other such nonsense; but of fever, measles, and lunacy, he is supposed to want no other teaching than his books will give him.

“*May consign any of us to the walls of a madhouse.*”—ST. BERNARD'S, p. 168.

And when we get there, how about getting out again? Let us see what Dr. Bucknill, late Lord Chancellor's Visitor in Lunacy, has to say in the matter, as reported in the *British Medical Journal*, Feb. 7, 1880, p. 199 :—

“Are we sure that our recovered patients will not be indefinitely detained, under the supposition that they only appear to have recovered, and may possibly

have a relapse? Perhaps I may be wrong in the opinion that, under the best treatment and the most auspicious circumstances, patients do not often attain to perfect recovery in asylums, any more than they do so in fever-hospitals; the last touch of treatment wanted being the cordial restorative of home or the tonic of liberty. But do not the proprietors of asylums often recognise the persistence of symptoms of insanity in patients who appear to us to have recovered, which no one else can observe? If the matter were not too sad and serious, I could amuse you by descriptions of the manner in which I have myself been kept at bay in my diagnosis of recovery; for although, upon sufficient evidence, you may make up your mind with certitude as to the existence of mental disease, it requires great pains and patience and knowledge of your people to avoid being misled as to the possible existence of symptoms which you may not be capable of observing or of denying. Suppose, for instance, that the proprietor tells you that your patient, who appears to have recovered, has had a slight stroke, with a little facial palsy and some slight mental obfuscation, which passed off the day before yesterday; or that he has had two or three slight epileptic seizures, and has been a little fierce and angry just after them; or that he hears voices at night and denies them in the morning,—upon what principles of diagnosis are you to determine that the gentleman is drawing upon his invention for his statements, and that he will not be inconsolable should the relapse occur which he assures you that he is anticipating?”

Not at all pleasant reading that !

Anecdote of Garibaldi's sudden cure.—ST. BERNARD'S, p. 169.

In the "Life of Sister Dora" there is a similar instance of sudden cure. She was suffering from a disease of the knee, and her cure was as sudden as the attack. A serious operation seemed to demand her presence. She jumped out of bed, and resumed her duties as if nothing had been the matter.

"*Gynæcological treatment*" [that is to say, for diseases peculiar to women].—ST. BERNARD'S, p. 170.

"But we know that there are others of whom this cannot be said. Physicians have coined names for trifling maladies—if they have not invented them—and have 'set fashions' of disease. They have treated, or maltreated, their patients by endless examinations, speculations, applications, and the like; and this sometimes for months, sometimes for years; and then, when by some so-called accident the patient has been removed from their care, she has become quite well."—From an Address on "Specialism in Medicine," delivered before the Medical Society of — College, London, by —, M.D., F.R.S., Consulting Physician to — Hospital, etc.

Again :—

"It will thus be seen that I consider the cases

requiring tracheloraphy to be rare, and that I do not think it justifiable for the repair of a slight cervical fissure of recent occurrence or of old standing. When tracheloraphy has been advised by one practitioner, it will be wise to take the opinion of another, for I have already heard of a lady who was told by a distinguished gynæcologist that her case was serious, and required an operation, for performing which his fee would be sixty guineas. On going the next day to another distinguished practitioner, she was told that there was only a small fissure, and that she could be easily cured by simpler treatment" (Paper by Dr. E. J. Tilt, Past President of the Obstetrical Society of London).—*Brit. Med. Journ.*, Nov. 25, 1882.

But there is something stronger still in the *British Medical Journal* of September 26, 1885, p. 591 :—

"But the general practitioners of England who tell me I have spoken out what they have been muttering under their breath for twenty years, will smile an incredulous and bitter smile if Dr. — attempt to represent the practice of other gynæcologists as he may justly represent his own. Provincial medical men know well what, up to the present, they have had to expect when one of their lady-patients migrated to the 'London gynæcologist.' It meant too often the very reverse of Dr. —'s description. It meant lodgings in town, the doctor's brougham at the door three or four times a week, sixty or seventy guineas to pay at the end of the season, and a deluded and neurotic patient at the end of it all.

"If, as Dr. — says, 'to suppose such things of

gynæcologists is a mere survival of old prejudices,' I am most thankful to hear it. But a couple of years, then, must have sufficed to make the change, for it is no longer than that since two eminent gynæcologists supplied the material for my reference to the curious cessation of treatment during the long vacation, in both cases to be assiduously renewed in October. Both ladies were connections of my own, and their husbands began to compare notes upon this odd feature of disease, intermittent with the sessions of the schools of medicine and of the London season. Again, I would ask Dr. — in what works on gynæcology these anxious warnings of his are to be found, and in which of them these strictures on the excesses of topical medication are laid down in his definite language of to-day. I have not his own work just now at hand, but I will assume that these warnings and limitations are to be found there, as well as in the works of the new or *laissez aller* school of gynæcology; but that such warnings and limitations are to be found in the writings of gynæcologists generally I venture to deny. Fortunately, there have always been men at the head of this branch of medicine to whom we could, in all fashions, trust absolutely in their wisdom and in their honour, and I wish it were proper gratefully to name some of them.

"Let me tell the following story in place of an argument, and with it I will conclude these somewhat irregular remarks. A lady was under the care of a Yorkshire medical man for pelvic pain, utter inability to walk or to bear the jolting of a carriage, for some general nervous symptoms also, and in particular for a strangely intermittent melancholy. I saw her with my friend, and I, at least, shall not be accused of error in that direction when I verified the diagnosis,

and helped to perfect the same line of treatment. At last, the husband, being weary of the relapses, took his wife to an eminent gynæcologist, to whose house she was unable to walk. The latter gentleman declared to her that she ailed nothing but the vapours, and, in fine, gained so strong an ascendancy over her, that she walked from his house, travelled home, and set about the duties and pleasures of an active life. This is now quite two years ago, and she has enjoyed perfect health ever since."

In the Gulstonian Lectures on "Neuroses of the Viscera," delivered at the Royal College of Physicians, March 14, 1884, by Dr. —, M.A., M.D., F.R.C.P., Lecturer on Practice of Physic at the — School of Medicine, and Consulting Physician to the — Hospital for Women and Children, the lecturer says :—

"We physicians have been a feeble folk in this, we have shrugged our shoulders and submitted to gynæcological taunts in a way that may be very modest, but in a way that betrays our trust and our art. If the gynæcologists pelt us with stories of long pain and sickness uncured by medical futilities, but rapidly cured under uterine medication, we can mate their stories, and check them by double the number of cases received by the physician from the sofa, *the manipulations and mental abasements of narrow uterine specialism.*

* * * *

"Now if we turn our eyes upon the flock of women who lie under the wand of the gynæcologist, we shall

find it so largely composed of the neurotic and hysteric.

* * * * *

“Now, gentlemen, is not this case one which in their degrees could be multiplied a hundred-fold from our case-books or our memories, and yet these are they which form a great part of the women who are caged up in London back drawing-rooms and visited almost daily for uterine disease, *their brave and active spirits broken under a false belief* in the presence of a secret and overmastering local malady, and the best years of their lives honoured only by a distressful victory over pain.”—*Brit. Med. Journ.*, March 15, 1884, p. 495.

Could a more astounding charge against any system be imagined than is conveyed in these brave and outspoken words? Let it be noted that they are the words of one of the most eminent members of the medical profession, not made in the pages of a novel, nor in an obscure print, but uttered at the Royal College of Physicians, London, by a man who is himself, not only a great specialist in the particular diseases of which he is speaking, but a lecturer on medicine at one of the great schools. Think of the effects of all these “*mental abasements*,” and this “*false belief*,” fostered by greed of fees, and then blame the author of ST. BERNARD'S as a libeller of his honourable profession if you can.

"For the cure of every complaint, real or imaginary."—ST. BERNARD'S, p. 175.

"In more severe cases, we have until recently had to rely upon some form of 'spinal support;' and I show you here one or two specimens, only to warn you against employing them. I have tried them, both in hospital and private, and I must say I have never seen any good result. Not only do these machines fail to do good, but they do positive harm by preventing the proper exercise of muscles; and yet they are extensively applied, and applied, too, to my certain knowledge, to cases where no apparatus at all could be required, *the patient's back having nothing the matter with it!*"—(From a Clinical Lecture on "Lateral Curvature of the Spine," delivered at University College Hospital, by Christopher Heath, F.R.C.S. Eng., Holme Professor of Clinical Surgery in University College, London).—*Brit. Med. Journ.*, May 25, 1878, p. 745.

"It [the expectant treatment] was rather a favourite experiment."—ST. BERNARD'S, p. 176.

"Dr. Collie said that, of every hundred cases of enteric fever, seventy-five would recover without any medical treatment, fifteen would die in spite of any treatment, while the recovery of a small percentage would depend a good deal on the nursing."—*Brit. Med. Journ.*, Nov. 27, 1880, p. 839.

"They 'had their day, and ceased to be.'"—ST. BERNARD'S, p. 178.

"Judging from the immense number of medicines in use, and these daily increasing, one would think that the sole object of the physician was to discover new remedies. In looking over a list lately sent me by a druggist, I counted no less than fifty drugs whose names I had never heard of, and the multiplication is still going on."—DR. SAMUEL WILKS.—*Brit. Med. Journ.*, Nov. 21, 1885, p. 949.

"It is so easy to be liberal when you don't have to pay."—ST. BERNARD'S, p. 179.

"'The conduct of the great London hospitals is at once a scandal to the country and a reflection on the fair fame of the London population. If the system had been expressly designed to facilitate malfeasance, to conceal wrong, and to reduce the benefaction of founders to a minimum, it could not have been more successful.' These words are quoted from a paper on the Management of Hospitals, read at the beginning of this year by Dr. Belgrave, of Sydney, New South Wales. Dr. Belgrave's views and criticisms are founded on the belief that London hospitals are the 'prey of cliques more intent on indirect business advantages than on the recovery of patients and the promotion of medical science.'"—*Brit. Med. Journ.*, Oct. 7, 1882, p. 693.

"We have not diagnosed enough, they urge."—ST. BERNARD'S, p. 197.

"In Dr. Hadden's paper, nothing is said as to the

diet or treatment; this is, however, in accordance with the fashion of the day, which, taking for its motto, 'the first point in medicine is diagnosis; the second is diagnosis, and the whole is diagnosis, calmly ignores the fact that some patients would like to be treated, and cured'—(Surg.-Major Shirley Deakin, F.R.C.S.)—*Brit. Med. Journ.*, Oct. 23, 1886, p. 761.

“*Gruesome things went on.*”—ST. BERNARD'S, p. 671.

“We may compare the effects of varnishing the skin in animals. Valentin and Edenhuizen have shown that the coating of the skin of rabbits with impermeable varnish is followed by rapid loss of temperature, by remarkable slowness of respiration and by speedy death, the fatal effect following when no more than one-sixth of the entire surface is thus treated. And, though Senator has treated men similarly without producing the same effects, the analogy holds good for our purpose.”—(Clinical Lecture on Myxœdema, by —, M.D., F.R.C.P., Physician to and Lecturer on Medicine at — Hospital).—*Brit. Med. Journ.*, May 11, 1878, p. 671.

And here is a horrible thing from the same journal, March 25, 1882:—

“ST. — HOSPITAL.—*Case of Hysterical Catalepsy*, under the care (!) of Dr. —. From the notes of Mr. —, late House Physician.—Mrs. A., widow. Occasionally, and especially after the limbs had been put in any particular position, a slapping movement of

the hands over each other began; the movements grew quicker and quicker, and there was added some kicking of the legs; finally she rose into a sitting posture and uttered a cry.

During the fit the patient foamed at the mouth.

In the evening the *soles of her feet were tickled and pricked with a pin*; this was followed by the convulsive movements above described; she shrieked and fell back with eyes open and was conscious.

Next morning she was in much the same condition.

Pricking the soles of the feet, etc., produced a fit. On the following morning the convulsions *could not be so easily induced.*"

Why were these convulsions produced at all? Could they have done anything but harm to the dying creature? Was it not done merely to satisfy the curiosity of the doctors?

"You are free to roam at large, my friend, over the bodies of any of my clinics."—ST. BERNARD'S, p. 213.

In the Lettsomian Lectures delivered before the Medical Society of London, 1886, by — F.R.S., Emeritus Professor of Surgery to the — Hospital College, the lecturer says .—

"Since Basserau's time, numberless experiments, especially have abundantly proved his point. consisted in inoculating the secretion of [a

hideous disease] in the skin. The result was that formed. Danielsen, however, in Bergen, tried the practice on a number of lepers.

* * * * *

“Very important evidence as the origin of is afforded by at least two experimenters. Mr. —, of Dublin, whose paper I have just quoted, inoculated with purulent fluid from , and found that he could produce the typical From the sores thus produced, he could inoculate repeatedly, and with sameness of results,” etc.—*Brit. Med. Journ.*, Jan. 9, 1886, p. 57.

Here is another skin case.—

“A typical case (of dysidrosis) was admitted into the hospital a fortnight ago, under my care, and exhibited the disease in both its earlier and later stages.

* * * * *

“I promised to try to obtain the patient’s consent to the removal of a piece of skin for careful examination ; and you will be glad to hear that I have succeeded. Some of you saw me mark between two ink lines a portion of skin containing a few ridges of papillæ, where I stated that characteristic vesicles existed in an early stage, *i.e.*, about the fourth day of the disease. The portion of skin was removed, and Dr. — kindly took charge of it for the purpose of preparing some microscopical sections, which he has accordingly done with much success. Dr. — and I have carefully examined these preparations, and I will now acquaint you briefly with the main results obtained. You shall examine, however, some of the preparations for yourselves.”

Here follows a long account of the morbid anatomy of the preparations, and the lecturer continues :—

“To my mind, the views I have taught in this school about dysidrosis are fully vindicated by these preparations. In my *Atlas*,” etc., etc.

“I thought it well, whilst the clinical features of our recent case were fresh in your minds, to show you these specimens, and thus vindicate the correctness of my teaching on the subject during the last few years.” [The above-noted points were then fully demonstrated by the specimens.]—From “Clinical Comments on Dysidrosis and its Morbid Anatomy,” delivered at — Hospital, by —, M.D., F.R.C.P., Physician to the Department for Skin Diseases.—*Brit. Med. Journ.*, May 25, 1878, pp. 748, 749.

“*You can do things in a hospital it would be as much as your life were worth to attempt outside.*”—ST. BERNARD'S, p. 216

“OBSTETRICAL SOCIETY OF LONDON, Wednesday, December 1st, 1886, —, M.D., President, in the chair.—*Mercurialism in Lying-in Women.*—‘On Mercurialism in Lying-in Women undergoing Sublimate Irrigation,’ by —, M.D., B.S. The author gave a list of deaths recorded from mercurialism in lying-in patients, with an epitome in each case of the *post-mortem* appearances. He mentioned Keller's recognition of mercury in patients douched with sublimate solu-

tion ; this had been confirmed by his own experiments. Having noticed the contra-indications to its use, he detailed the method employed at the — Hospital, and examined the conditions affecting susceptibility to the poison, including Von Herff's experiments. The symptoms of poisoning were given in detail in the cases observed"—*Brit. Med. Journ.*, Dec., 1886.

[Corrosive Sublimate is now the fashionable hospital antiseptic, and this is how it is keeping down the population in the hospitals.]

Surely none of my medical friends can have forgotten the two London doctors who, on their own confession, in the *Lancet* of November 3, 1883, tried a number of experiments with poisonous drugs on hospital out-patients. These experiments were described in the *Medical Times and Gazette* of November 10, 1883, as "useless and cruel."

"Drs. — and — proceed to make the following avowal. The italics are our own :—

" 'In addition to these experiments, we have made some observations clinically. To eighteen adults—fourteen men and four women—we ordered ten grains of the pure nitrite of sodium in an ounce of water, and of these seventeen declared that they were unable to take it. They came back, protesting loudly, and required no questioning as to the symptoms produced. They seemed to be pretty unanimous on one point—

that it was about the worst medicine (!) they had ever taken. They said if they ever took another dose they would expect to drop down dead, and it would serve them right. One man, a burly, strong fellow, suffering from a little rheumatism only, said that after taking the first dose he "felt giddy," as if he would "go off insensible." His lips, face, and hands turned blue, and he had to lie down for an hour and a half before he dared move. His heart fluttered, and he suffered from throbbing pains in the head. *He was urged to take another dose, but declined, on the ground that he had a wife and family.* Another patient had to sit down for an hour after the dose, and said that it "took all his strength away." He, too, seemed to think that the medicine did not agree with him.

The women appear to have suffered more than the men; at all events they expressed their opinions more forcibly. One woman said that ten minutes after taking the first dose—she did not try a second—she felt a trembling sensation all over her, and suddenly fell on the floor. Whilst lying there, she perspired profusely, her face and head seemed swollen and throbbed violently, until she thought they would burst.

Another woman said she thought she would have died after taking a dose; it threw her into a violent perspiration, and in less than five minutes her lips turned quite black and throbbed for hours; *it upset her so much that she was afraid she would never get over it.* The only one of the fourteen patients *who made no complaint* after taking ten grains was powerfully affected by fifteen.

The effect on these patients was so unpleasant that it was *deemed inadvisable to increase the dose.*"

Are my critics ignorant of the outcry in the

press caused by these cruelties? If so, let me draw their attention to the following from the *Standard* of November 19, 1883:—

“CORPORA VILIA.

“*To the Editor of the Standard.*

“Sir,—Those of your readers who have attentively followed the interesting experiments with nitrite of sodium on the persons of patients of the humbler class, so obligingly communicated by Drs. — and —, will be much gratified by reading pp. 340-1 of Dr. Ringer’s ‘Handbook of Therapeutics,’ Eighth Edition, 1830.

“We there read, ‘Dr. Rickards and I gave to an habitual drunkard, making him “dead drunk,” twelve ounces of good brandy in a single dose, without the smallest reduction of temperature.’

“‘Drs. — and — gave to a healthy young man, in divided quantities, for six days, a daily amount of absolute alcohol, varying from one to eight ounces and, on a subsequent occasion, twelve ounces of brandy daily for three days, observing meanwhile the temperature of the body every two hours.’

“‘*In a boy aged ten who had never in his life before taken alcohol in any form, I found, through a large number of observations, a constant and decided reduction of temperature.*’

“We have all heard of the convivial gentleman in reduced circumstances, who earned an honest living by acting as the ‘frightful warning who went round with the temperance lecturer.’ Is there, at present, a select band of anti-Blue Ribbonites, from the age of ‘ten years’ upwards, who combine self-support with

the advancement of science and the promotion of the cheerful glass by means of frequenting the apartments (hospital or private) of scientific physicians? A further question suggests itself. Dr. ——— guarantees that the quality of the brandy with which he and Dr. ——— made their victim 'dead drunk' was 'good.' We may, therefore, fairly infer that they had not merely sent for it to the 'public over the way.' Had one of these gentlemen, then, generously brought it in his pocket from his own cellar? Or did it come from the ——— Hospital stores, which are intended for the benefit of the patients, and not for the behoof of physicians with a taste for experiments on inebriation? If it comes to be generally known that this is the way in which the contributions of the benevolent are expended, 'Hospital Sunday' is likely to become year by year less productive.

"I am, Sir, your obedient servant,

" *November 19.*"

" M.D."

On which the *Zoopholist* had the following remarks in its issue of December, 1883 :—

"Finally, a marvellous result of the controversy, a London doctor of considerable repute and standing was prompted by the excitement of the moment, to make the *Standard*, and through it the British public, the confidante of the genuine sentiments of a 'scientific' medical man, regarding the 'Vile Bodies' of the unfortunate patients who seek relief in the public hospitals. No words of ours could add force to Dr. ———'s own contemptuous treatment of the rights of these men and women, whose crime it is to be unable to pay their doctors out of their own pockets.

We therefore print his letter *in extenso* ; merely calling attention by italics to some of the passages which reveal with amazing simplicity a medical man's ideas of the relative rights of Science and of human beings :—

“ ‘THE USE OF HOSPITAL PATIENTS.

“ ‘ *To the Editor of “The Standard.”*

“ ‘Sir,—A few days ago an anonymous letter appeared in your columns which, emanating (as the signature, “M.D.,” appeared to show) from a medical practitioner, ought not to be allowed to pass without an energetic protest.

“ ‘As far as I can see, the writer intends to bring a charge against a distinguished member of his own profession—a physician who, by his labours in the field of therapeutics, has done eminent service to medicine, and has been instrumental to the relief of much human suffering—a serious charge, I say ; viz., that of having used patients in a hospital for other purposes than those tending to their own direct benefit.

“ ‘Now, I should like to ask “M.D.” whether his whole career as a medical student, from the day he handled his first bone to that on which he passed his last clinical examination, did *not involve abuses very similar to those for which he now joins the unfortunately ever-growing pseudo-humanitarian outcry against the methods of rational medicine ?*

“ ‘What right had he to trample upon the feelings of others in dissecting the bodies of people whose sole crime was to have been poor, and, still more, to *acquire his clinical experience at the expense of, perhaps, much human shame and suffering ?*

“ ‘I think we, as medical men, should not attempt

to conceal from the public *the debt of gratitude they owe to the "corpora vilia"*—*for such there are, and will be, as long as the healing art exists and progresses.* So far from there being a reason why moral and pecuniary support should be refused to hospitals on the ground that their inmates ARE MADE USE OF OTHERWISE THAN FOR TREATMENT, there is even ground why more and more should be given to them, in order to compensate by every possible comfort for *the discomforts necessarily entailed by the education of succeeding generations of medical men, and the improvements in our methods of coping with disease.*

“No amount of hysterical agitation and so-called humanitarian agitation will alter the laws of Nature, one of the plainest of which is that the few must suffer for the many. Sentimentalists who think they know better, who uphold the abstract “Rights of Man,” and want to push them to their logical consequences, have no other alternative in the question now before us than to condemn the modern course of medical studies, and trust themselves into the hands of bookmen, whose *tactus eruditus* will have then to be formed at their expense. The fundamental question at issue is not whether in this or that instance improper use was made of a hospital patient, but whether the manipulations and observations indispensable for the acquisition and extension of medical knowledge are to be made in a connected and enlightened manner, in public institutions, and under the eyes of experienced men, or to be left to the isolated, haphazard, and groping efforts of necessarily ignorant men upon the persons of any who may be found to pay them in the hope of benefitting by their medical skill.

“ ‘ Whilst defending the moral grounds upon which

experimental medicine rests, I allow that there are limits, narrow limits, beyond which it would be imprudent or criminal to go. But I must emphatically protest against the tendency of men nowadays—and I am ashamed to observe that a few are to be found within the medical profession itself—who *act upon the supposition that the public at large form a proper tribunal to decide upon what constitutes a transgression of those limits.* Those alone are competent judges who are able to form a correct opinion on the one hand of the ultimate utility, on the other of the proximate consequences, of any investigation *in corpore vili.*—I am, Sir, your obedient servant, — M.A., M.D., B.Sc., November 22.”—*Standard*, November 24th.”

Surely the unprejudiced reader will say, on reading this amazing letter, that here alone is justification for the charges made in ST. BERNARD’S? This man is at least honest and candid in the expression of his opinions. But what can be said of those reviewers who, knowing well that the pages of the medical press teem with proof of far more terrible things than anything I have laid at the doors of St. Bernard’s Hospital, yet call me “slanderer,” “libeller,” “dynamiter,” “literary moonlighter,” “assassin,” and the like? The fact is, I might have said with impunity ten times as much as I have said in ST. BERNARD’S, if, instead of making a story to be read by all the world, I had confined

my strictures within the pages of the medical journals, where the laity would never have noticed them.

A paper on "The Action of Drugs in Albuminuria," was read at the 54th annual meeting of the British Medical Association, at Brighton, by Dr. —, Physician to the General Hospital, — The writer says :—

"We must always allow an element of uncertainty in our most carefully devised experiments with drugs in disease, and our conclusions must be based rather on wide experience than upon the minute observations of particular cases.

* * * * *

"I have experimented with a very large number of drugs, a list of which I append to this paper ; but the inconstancy of my results, and the absence of any striking effect from the use of any one of them, compels me to confess that I am unable to answer the question of Sir William Roberts with a distinct affirmative.

"*Appendix.*—The following is a list of drugs whose action on albuminuria has been tested in these and former experiments. Bitartrate of potash, bicarbonate of potash, citrate of lithia, carbonate of lithia, bicarbonate of soda, benzoate of soda, tannate of soda, tannic acid, digitalis, scoparium, sulphate of sparteine, strophanthus, pilocarpine, Trousseau's diuretic wine, caffeine, apocynum cannabinon, ergot, turpentine, terpine, copaiba, oil of sandal-wood, fuchsin, anti-hydropin (pulvis blattæ orientalis), cantharides, iodide of potassium, chloral, spirits of nitrous ether, perchloride of iron, sulphate of iron, acetate of iron, acetate

of lead, tartrate of antimony, sulphate of alum, bichloride of mercury, elaterium, jalap, scammony, guaiacum, and sulphur."—*Brit. Med. Journ.*, Nov. 27, 1886, pp. 1011, 1012.

At the 53rd annual meeting of the British Medical Association, a paper on the "Duration of the Action of Medicines" was read by Dr. —, Professor of Materia Medica and Therapeutics in — College, and Physician to the — Infirmary, —.

An account was given of the action of nitrite of amyl, nitro-glycerine, ethyl nitrite, sodium nitrite, potassium nitrite, cobalt yellow, and other potent and deadly drugs. Fifteen sets of figures of pulse tracings, taken from persons who had been the subjects of the experiments, are given, and the following are a few of the remarks of the lecturer :—

"The phenomena produced by the nitrites and nitro-glycerine vary not a little in different individuals. Some people, for example, are powerfully affected by half a drop of a one per cent. solution of nitro-glycerine, but many can take five drops, and some even a larger quantity, without feeling any sense of discomfort. In endeavouring, therefore, to determine the period during which nitro-glycerine and the nitrites depress tension, I have administered these drugs to individuals differing considerably in susceptibility to their effects; and though the number of *experiments* is not sufficient to

fix absolutely the limits of the duration of their action, I think that the results show that an approximately correct estimate of these limits may be obtained.

* * * * *

"The *subjects of my experiments* were all free from cardiac disease.

"*The administration of this nitrite caused, in half an hour, such faintness as to compel him to assume the recumbent position* ; slight traces of the influence of the drug on the pulse could be detected two hours after administration.

* * * * *

"But nitro-glycerine acts on some individuals more powerfully and for a longer time. Fig. 7 shows the effect of a single drop of a one per cent. solution on the pulse of W. H., one of the most susceptible of all the subjects on whom I have experimented.

* * * * *

"I never ventured to give W. H. a larger dose ; but to another susceptible man (V. C.) I gave three minims and a half ; and the results are set forth in Fig. 6.

"In the discussion which followed, Dr. —, President of the Section, asked whether Dr. —'s observations were made in a state of health or otherwise ? [*Otherwise* is a good word !] Dr. — said in reply :

None of the observations had any bearing on disease, though the subjects of his experiments were *not always in perfect health.*"—See, for the whole paper, *British Medical Journal*, Nov. 28, 1885, pp. 1005-1011.

Let it be noted that these observations and experiments *had no bearing on disease* ! Who were the patients, and where did he find them if not in — Infirmary ?

The new drugs tried at the hospitals sometimes produce more diseases than they cure. The following extract from the *British Medical Journal* of Nov. 21, 1885, on the "Dangers of Cucaine," is instructive :—

"Dangers of Cucaine.—Mr. — said he wished to hear the experience of members of the Society. Was there any general suspicion that the gelatine-discs of cucaine were not satisfactory? His suspicions had been raised by the occurrence of a serious run of cases of panophthalmitis at St. —'s Hospital, while, at the same time, the cases at — did well. At St. —'s Hospital he had been using gelatine-discs of cucaine before iridectomy and cataract. Messrs. Savory and Moore had informed him that, since cucaine was hygroscopic, the gelatine-discs were always moist, and that it was impossible to keep them thoroughly dry; he suggested that the discs might afford a breeding-ground for pathogenic organisms. Solutions of cucaine also apparently had a tendency to cause panophthalmitis. Gräfe had found chronic interstitial keratitis much more common since he had used cucaine.—Mr. — had also, at one time, had a run of panophthalmitis after using solutions of cucaine. Fifteen days appeared to be the longest time which it was safe to keep a solution of cucaine; since using quite fresh solutions (eight per cent.) he had had no bad cases.—Mr. — had also recently had an unfortunate series of cases, and was inclined to suspect that cucaine was responsible for that misfortune.—Mr. — said that solutions of cucaine might be made up with boracic acid. He observed that he found it difficult to understand why solutions of cucaine should be so dangerous,

while atropine-solutions had been used for many years without mischance. He observed that epidemics of panophthalmitis had always occurred from time to time before the introduction of cucaine.—Mr. — suggested that these epidemics might have been due to the atropine-solutions, which had also afforded a breeding-ground for germs.—Mr. — mentioned a case of panophthalmitis which he had recently encountered, where the only cause that could be suggested was that the solution of cucaine was not fresh.—Mr. — said that, at —, the solutions of cucaine were made up with saturated solution of boracic acid. He had never before had so severe a run of cases in his own practice.”

Sometimes patients object to this sort of thing.

“*Some do resent.*”—ST. BERNARD'S, p. 216.

See action for libel against the *British Medical Journal* at Cork. Crawford *v.* the *British Medical Journal*. Reported in *British Medical Journal*, April 16, 1881. Mr. Murphy, Q.C., for the plaintiff.—

“The learned counsel then read the article from the *Medical Press*, which, generally speaking, was laudatory of Dr. Jones, and condemned the persecution to which he had been subjected. Continuing, he said that experiments should, no doubt, be carried on, but they should be always accompanied by the greatest precautions. Many young men in the medical

profession were much given to this kind of practice. He had heard of two Dublin physicians who belonged to the new school of their time—Dr. Sheridan and Dr. Charley—and who looked down very much on a physician of the old school. The latter, however, brought back a good deal of his practice by some couplets he made with regard to the two other doctors. With regard to the first, he wrote :

‘ Look out for the grave you would wish to be buried in,
Before you take physic from sweet Doctor Sheridan.’

And, with regard to the second, he wrote :

‘ The sexton’s glory, the undertaker’s pride—
The coffin market fell when Charley died.’

Now, when this child was admitted into the hospital, the remedy which one doctor prescribed, the other did not perform ; and, between them both, Mr. Crawford might well say, ‘ My child is dead, and that is the result of my experience of the introduction of this novel drug into the city of Cork.’ It seemed, from the article copied from the *Medical Press*, that Mr. Crawford should have been very thankful for the treatment his child had received. It reminded counsel of a conversation that occurred between a doctor and the person who was nursing his patient : ‘ How is the patient this morning ? ’ said the doctor. ‘ Dead,’ was the reply. ‘ Did you give him the medicine I ordered last night ? ’ ‘ I did.’ ‘ Well, dead or alive, he is the better for that.’ ”

Even infants a few days old are not spared these experiments in the action of drugs. It is recorded in the *British Medical Journal* that Fehling recently by experiments studied the

effects on nurslings of certain drugs given to the women who suckled them. The drugs experimented with on these poor babes were salicylate of soda, iodide of potassium, ferrocyanide of potassium, iodoform, mercury, morphia, chloral, atropine, etc.

It is right to say that these abominable experiments were carried out in Paris, but they are reported in the *British Medical Journal* "from our own Correspondent" without a word of protest against their cruelty.

"*There are many interesting clinical features in the case.*"—ST. BERNARD'S, p. 220.

"After our examination of the case" at —— Hospital, "the physician asks what is the best treatment to pursue, and if there be any medicine which may be of service to the patient. If it be thought so, a medicine is ordered *in its simplicity*. The students have then an opportunity of watching its effects unalloyed with other drugs, and in this way they acquire a positive knowledge of the effects of iodide of potassium, digitalis, belladonna, or arsenic."—*Brit. Med. Journ.*, Nov. 21, 1885, p. 949.

"The patient's danger may be increased from the interest of those around. As the operation proceeds, in a natural anxiety to see everything, those looking on, or even assisting, are apt to crowd closely around the table, and thus largely to deprive the patient of what just then he very much wants—fresh air."—

(Clinical Lecture by —, Esq., F.R.S., Surgeon to — Hospital).—*Brit. Med. Journ.*, Jan. 5, 1878.

“*For work in a hospital must begin early.*”—
ST. BERNARD’S, p. 223.

“Another rule is being enforced, which is as unnecessary as it is thoughtless and cruel. The matron has decided that those patients who are not confined to their beds throughout the day shall rise and dress themselves at five o’clock in the morning. Such treatment must in most cases retard, and in not a few absolutely prevent, the recovery of the patient.”—*Brit. Med. Journ.*, Dec. 27, 1879, p. 1028.

A London daily comments on this extraordinary custom, in the following terms :—

“The London hospitals are such splendid institutions, and confer such real benefits upon the poor, that criticism upon details of their management should never be hastily made. But the best-managed institutions are sometimes all the better for a wholesome breath of publicity, and the bracing influence of public opinion may sometimes do good when the air becomes heavy with officialism. In one of the principal hospitals of central London, if we are correctly informed, an extraordinary custom prevails of making those among the patients who are well enough to leave their beds at all, get up at five o’clock in the morning. The consequence is what might be expected—they are utterly exhausted and sick with fatigue by the time when the doctors make their rounds. What happens may be best described by following a particular case, which has been narrated to us. A patient comes up

from the country afflicted with a painful and probably incurable internal disorder. The doctors' examination leaves it doubtful whether it is a case for an operation. After a few days he is told he may get up the next day. This means that the night nurse rouses him at five in the morning and bids him get breakfast ready for those patients in the same ward who are too ill to leave their beds at all."

Let those of my readers who have suffered from any serious malady themselves, or who have nursed a sick relative or friend in illness, reflect for a moment on the horrible barbarity of stirring up a whole hospital full of pain-racked, debilitated or dying creatures at 5 o'clock in the morning. I know how bitterly the poor sufferers complained of this practice. Just when they feel most inclined, perhaps, to sleep, after a night of restlessness or agony, they are aroused, not even that they may advance science or teach young doctors, but simply for the convenience of the hospital authorities.

"But there's nothing like trying."—ST. BERNARD'S, p. 279.

In the *British Medical Journal*, Oct. 14, 1882, p. 722, is a paper on "Ligature of the Innominate

Artery," by an eminent Irish surgeon, in which he says :—

"Many writers on surgery have left us in no doubt as to their opinion upon this operation. At best its execution is surrounded by the greatest danger. Erichsen says, 'The difficulties of the operation are in themselves of serious magnitude;' and he declares that 'it should, without doubt, be banished from surgical practice.' While Gross has words of admiration for the 'intrepid skill' of Mott, 'which could execute so daring and brilliant a feat,' he observes that obstacles meet the surgeon 'in every direction, even if he should be so fortunate as to get his ligature around the vessel, which, however, is by no means always the case.'

"Velpéau says: 'Six trials of six different surgeons, of different countries, have ended in six fatal results. Is it not enough to enable us to pronounce an inexorable verdict upon such an operation? At the present day, therefore, I do not hesitate formally to proscribe it.' Heath, in his operative surgery, does not even tell how the operation is to be performed."

* * * * *

"Death occurring through a series of cases is no reason why we should desist from repeating an operation which, although attended by enormous difficulties, is, under the present conditions of surgery, by no means hopeless."

Exactly! but the "daring and brilliant feat" can only be performed on hospital patients. Till it has been perfected upon these, it is not within the range of practicable surgery.

"*Gastrostomy*.—Notwithstanding the fact that the immediate dangers of gastrostomy have of late been very much reduced, many surgeons are evidently beginning to doubt whether this operation can ever be considered justifiable in cases of cancer of the œsophagus. In the *Revue de Chirurgie*, M. Lagrange argues against the operation in such cases, and says that it is not needed in early stages of the disease, and is useless when the cancer has advanced so far as to cause complete obstruction, for then the patient, under any circumstances, must soon die."—*Brit. Med. Journ.*, Dec. 26, 1885, p. 1212.

"For my own part, I like those free lances who break away from old tradition and explore new paths. Let each mount his hobby—be it cautery, intra-uterine stem, or cleverly devised needle—and let us see who will ride furthest and best. Should any one, in his eagerness, deviate on to the forbidden ground of vivisection, his good intentions, and the warning afforded to others, shall serve to absolve him."—*Brit. Med. Journ.*, July 14, 1883, p. 60.

"*Dr. Stanforth with his pupils*."—ST. BERNARD'S, p. 287.

In the address on "Obstetric Medicine," by Dr. Sinclair Coghill, Lecturer on Midwifery in the University of Edinburgh, recorded in the *British Medical Journal* for Aug. 20, 1881, he says :—

"The use of instruments for diagnosis and treatment and direct personal medication have been

greatly overdone. The *nimia diligentia* has been too rampant," and speaks of "over-active perturbative treatment and mischievous polypharmacy." "I am not sure that many of us are capable of realizing the effort that is necessary to enable a virtuous or indeed any woman to submit to the painful ordeal of local examination and manipulation, or the gradual deterioration of delicacy which in too many its frequent repetition tends to accomplish." "The diagnosis in all cases should be inductive—under no circumstances either speculative or experimental."

"*The cholera in Spain.*"—ST. BERNARD'S, p. 302.

"Ferran and his 'caldos' are now viewed with dread and terror by all the towns where the Government ordered him to follow up his 'preventive cholera-inoculations;' so much so that, as soon as it became known he was to visit certain towns, the people rose with the alcade and municipality, and prevented him from entering the towns. So it happened at Denia, which was to be his 'centre'; also in San Matero, Oliva, etc."—*Brit. Med. Journ.*, Aug. 22, 1885, p. 359.

"*Count your sponges, sister.*"—ST. BERNARD'S, p. 328.

Let those who say I have been guilty of "gross exaggeration" read the following extract from a communication to the *British Medical*

Journal for Dec. 25, 1880, page 1036, by an eminent hospital ovariologist :—

“ In the second case, E. R., aged 39, a tedious and difficult operation, I placed a drainage-tube, as the tumour had been so adherent as to require partial enucleation. Six hours after the operation, the ‘sister’ at the hospital telephoned to me that they missed a torsion-forceps. On seeing the patient at once, I found her fairly well, though in pain; and I recommended a further search. Next morning, exactly twenty-four hours after operation, she was in intense pain, anxious, quick pulse, though the temperature was not much raised; but, as the forceps could not be found, I concluded that it was in the patient’s abdomen; and, under the spray, I cut the uppermost stitch, and made from it a fresh opening into the abdomen, above the umbilicus. After a short search, I found the forceps, with lymph upon it, lying down against the left side of the spine. I made the fresh opening so as not to interfere with the drainage-tube, or to allow its contents to enter the abdomen. The patient made a perfect recovery.”

Suppose I had used this case in my novel, and touched it up a little *secundem artem*. Suppose I had said something like this: “The telephone bell rang, Dr. Stanforth rose from the dinner table, put the instrument to his ear, and asked who wanted him. ‘Sister Agnes, doctor! I have lost a pair of dressing forceps; have you taken them away by mistake?’

Doctor Stanforth feels in his pockets, looks in his little black bag which was lying on the side-board, and fails to find them. He rings the telephone bell, and informs the Sister he has not taken them, and has not the least idea where they are. Wishes her good evening, and returns to his dinner. Next morning he goes his rounds, and pays an early visit to the woman who twenty-four hours ago underwent at his hands the terrible operation of ovariectomy. Sister Agnes reproachfully remarks that she had not found her forceps. The poor patient had complained to him of a terrible pain in the back. 'Happy thought!' cries Stanforth, slapping his knee; 'shouldn't wonder if I haven't sewn 'em up in her abdomen! Let's have a search!' The sufferer is anæsthetized, imploring the doctor 'not to cut her about any more.' The stitches are undone, another incision is made to facilitate the search, and lo! the missing instrument is found lying snugly under the left kidney"; and so on.

What a storm of abuse I should have had from the reviewer who wrote the criticisms in the *Illustrated London News*, that mild-mannered delight of the nurseries of England!

What frantic denunciations from the innocent little *Literary World*, comporting itself like a *mouton enragé*. And yet I should but have given the precise facts which occurred a few years back in one of our great English hospitals.

“*And they was a-going to take her pretty nigh all to bits.*”—ST. BERNARD'S, p. 326.

See the leading article in the *Lancet* of Aug. 14, 1886, on the case tried before Mr. Justice Cave, at Liverpool, to recover damages for the improper performance of an operation at the Hospital for Women, without giving the patient any intimation of the nature or result of the operation. The article argues that the operation in question is justly condemned by the highest authorities in this country.

On the Liverpool Hospital for Women, and the reports of the Committee of Inquiry upon the operations performed therein, see the articles in *British Medical Journal*, Dec. 18, 1886, p. 1225, and Jan. 15, 1887, p. 117.

“With reference to one very serious operation, the Committee said that the patients examined upon this point ‘very generally denied that sufficient informa-

tion—or, indeed, any information at all—was given to them as to what was proposed to be done to them.”

“As to the expediency of abdominal incision for ‘pelvic hæmatocele,’ the Committee expressed the opinion that ‘in ordinary cases it is not to be recommended.’

“The Committee state ‘that sufficient care and discrimination have not been exercised in the selection of cases for operation,’ ‘a sufficient trial of rest in hospital had not been given.’

“‘If it be objected that in some cases the abdomen has been opened without finding the disease which was expected, the same may also be said of ovariotomists. Is there any one of extensive experience who has not at some time opened the abdomen with the view of removing an ovarian or a uterine tumour, and found himself mistaken?

* * * * *

“‘And what is the penalty of error? In the vast majority of cases, an exploratory incision brings out a clear diagnosis, which directs treatment in the right way, and, in fact, does no harm!’”

Here is a little blunder from the *British Medical Journal*, July 14, 1883, by a surgeon to a Hospital for Women :—

“Not **very** long ago I was unlucky enough to tear open the colon to the extent of more than two inches, in attempting to detach a firmly adherent tumour. The rent was sewn up, a cyst or two tapped, and then, with her operation abandoned, the patient was carried off to her bed to die. Nothing of the sort. She recovered from her mauling rapidly, full of that pathetic, ignorant gratitude which now and then re-

wards very blundering work. A few months later, *post-mortem* examination revealed a mere faint line at the point where the bowel had been torn."

[The inevitable *post mortem*!]

"*Founded on conjecture and improved by murder.*"—ST. BERNARD'S, p. 333.

At the meeting of the Clinical Society of London, on May 8, 1885, Dr. — read notes of a case of hæmoptysis, treated by the induction of pneumothorax, so as to collapse the lung, at — Hospital. The patient died. The reader of the paper said :—

"In this case, notwithstanding careful antiseptic precautions, pleurisy was set up."

In the discussion which followed, Dr. — said :—

"There were three points in this case. The first was, its great interest ; the second, Dr. —'s courage in resorting to the operation; and the third, its utility. It must be borne in mind that these hæmorrhages sometimes stopped of their own accord, even when enormous quantities of blood had been brought up.

He thought one ought to try everything before resorting to such a proceeding as that adopted by Dr. —.

* * * * *

"As regarded the utility of the operation, what would become of the patient? Was it desirable to go about

with a pneumothorax? He could not feel inclined to adopt Dr. ——'s operation, unless he had more satisfactory data to go upon. He should exhaust every method before taking to it."—*Brit. Med. Journ.*, May 16, 1885, p. 992.

"*The iced-water bath treatment.*"—ST. BERNARD'S, p. 426.

At the meeting of the Clinical Society of London, February 5, 1887,—

"The President said that he had not seen convulsions occur during the rise of temperature. He had seen them come on during the cold bath in a case which ultimately proved fatal, and he had seen hyperpyrexia supervene during the use of salicylate of sodium.—Dr. —— wished to know the exact nature of the convulsions, and particularly whether they were tonic or clonic, or both.—Dr. —— said he had had three or four cases of hyperpyrexia in private practice, and could endorse the remarks as to the difficulty of the cold-water treatment in private practice. He had succeeded in reducing the temperature to normal, but they had all terminated fatally. Those cases required the most careful supervision.—The convulsions were invariably tonic.—The President said the convulsions took the form of opisthotonos, without clonic convulsions.—Dr. —— said, in reply, that the convulsions came on after the patient had been removed from the bath. The first bath lasted a good hour, as a great difficulty was experienced in reducing the temperature of the bath. He thought the antipyrin did more harm than good by favouring collapse. The salicylate did not

appear to have had much effect either. He thought antipyrin was a dangerous drug."—See *Brit. Med. Journ.*, March 5, 1887, p. 510, and March 1, 1884, p. 423.

Dr. —, Senior Physician to — Hospital, in *British Medical Journal*, Nov. 27, 1880, p. 839, says :—

"But two cases occurred in rapid succession in which I thought, perhaps erroneously, that the baths were instrumental in causing death."

Of one of these cases, Dr — remarks :—

"Believing that the patient had not had baths, I observed *half jokingly* to the resident assistant, who was present, that if only baths had been employed, I should certainly have attributed his death to them. His answer was that they had been employed."

Here is another cold-bath story from the *British Medical Journal* of Aug. 22, 1885, p. 335 :—

"At two o'clock on the afternoon of the 26th it was noted that she had passed a fairly good night ; that she was quite sensible, and that she expressed herself as feeling well, and wanted to get up. But her joints were still somewhat tender and swollen ; her tongue was dry and brown ; her skin dryish ; her pulse 100 ; and her temperature had risen from 102·2°, on admission, to 104°. There was no change in the condition of the heart. Having regard to the state of the skin and tongue, and to the rising temperature. I

feared the coming on of hyperpyrexia, and left directions that the cold bath should be applied if the temperature reached 105° .

"At 3.30 the temperature had risen to 105.2° . She was quite sensible, and did not appear to be worse. Tepid sponging was employed, and the surface-temperature was reduced by it to 104.4° . At 4.30 the patient was fidgety, and wanted to throw the bedclothes off. At 6 her temperature had reached 106.4° . She was placed in a cold bath, but at the end of five minutes had to be removed in consequence of faintness. The surface-temperature, however, was reduced to 102.6° . After this she became delirious, muttered a good deal, and tried to get out of bed. There were also subsultus, and picking at the bedclothes. At 8 the temperature was 106.6° ; the pulse 150, and very feeble; the respirations 51; the teeth were covered with sordes; and the skin was very dry. At 9 a cold bath was again attempted, but she became so violent that the attempt was abandoned; and half an hour later tepid sponging was again resorted to, and ten grains of quinine were administered. The sponging was repeated, but the pulse and temperature continued to rise; she became insensible, or nearly so; the convulsive movements, which had spread from her limbs to her muscles of expression, became more marked; and at times there was much groaning. At 12 p.m. the pulse was 174. She died at 1.30 a.m. on the 27th. Her temperature, which had risen then to 111° , was still 111° half an hour later."

The following observations are from the notes of the case of a patient who died of "acute rheu-

matism with hyperpyrexia," in the — Royal Infirmary, on July 12th, 1885 :—

FROM THE "LANCET."

At 1.30 a.m. he was put into a bath, cooled down by ice to 50° F. ; his pulse at the wrist was imperceptible, and complete coma supervened ; five minutes later an enema of brandy was given, in ten minutes this was repeated. At 2.16 he was taken out of the bath, carried to bed, and rapidly dried and transferred to another bed ; at 2.38 had an enema of hot coffee ; at 3.0 had another ; at 3.30 had a hypodermic injection of ether ; at 7.0 this was repeated ; at 7.30 had an enema of 30 grains of quinine, and ice-bags to the spine and head ; at 8.30 had another hypodermic injection of ether ; at 9.30 severe vomiting came on ; he was then stethoscoped, mustard plaisters were applied to his chest, and turpentine stupes over the bases of his lungs. At 10 had another hypodermic injection of ether ; at 10.30 had another iced bath ; at 11.10 had another hypodermic injection of ether ; at 11.25 had an enema of brandy ; at 11.35 he was taken out of the bath ; at 11.40 had brandy and beef tea by the stomach pump ; at 1.30 p.m. another injection of ether ; at 2.0 this was repeated ; at 3.10 he was stethoscoped again, and percussed over bases of lungs ; at 3.20 p.m. apomorphia was injected subcutaneously, when he vomited immediately. [At 3.50 p.m. death released him from his sufferings and his doctors !]

An easy-going and amiable lady who had just finished reading ST. BERNARD'S, said to a friend who asked her what she thought of it :

“ Oh, I think it is a most consoling book. It's so nice, you know, dear, to be assured that the poor sufferers are not neglected ; it is so much better, don't you think, to have too much done for you when you are ill than not enough ? ” And the friend replied, having just read the details of the above case, “ If I am ever taken ill with ‘ acute rheumatism with hyperpyrexia, ’ as the *Lancet* calls it, I shall say as David said unto Gad, ‘ Let me fall now into the hand of the Lord ; for His mercies are great : and let me not fall into the hand of man. ’ ”

“ *You cannot even die in peace.* ”—ST. BERNARD'S, p. 427.

“ — COLLEGE HOSPITAL, *Tumour of medulla oblongata : Remarks.* (Under the care of Dr. — and Dr. —. (For the following notes we are indebted to Mr. —, House-Physician.)— Mary S., aged 52, was admitted on January 29, 1883, suffering from difficulty of speech and paralysis. Three months previously her speech began gradually to become thick, she saw double, and had numbness and loss of power on the left side of the body. For five weeks she had been unable to stand. She was a thin, pale, but fairly healthy-looking woman. There was no headache or tenderness of the skull. There was slight blankness of the right side of the face, and the tongue was protruded to the right. There was visible ptosis of the

right upper eyelid, with convergent strabismus of the right eye from paralysis of the right external rectus; there was also paralysis of the left internal rectus, though less marked. She had homonymous diplopia, the images being side by side. The pupils were equal, and contracted both to light and accommodation. A watch was heard one inch and a half from the right, and eight inches from the left ear, and the tuning-fork was heard best on the left side. The voice was somewhat nasal in tone, the speech thick and indistinct. There was no dribbling of saliva, but the mouth and fauces were full of thick mucus, causing frequent coughing and hawking. Some drooping of the right arch of the palate and considerable dysphagia were present. The right arm and leg were normal as regards sensation and motion. The grasp of the left hand was feeble. Voluntary movements were present in the left leg, but were very feeble; there was no apparent wasting. Sensation in the left arm and leg was much impaired, but on being obtained, was referred correctly and without delay. The patellar reflex was equal and normal on both sides; the plantar reflex was normal on the right, but absent on the left. The heart and lung-sounds were normal. The symptoms noted subsequently were increasing dysphagia and rapid shallow respiration without dyspnoea. More complete notes could not be taken, as she was only under observation for twenty-four hours, when she died from asthenia."—*Brit. Med. Journ.*, Oct. 27, 1883.

It is satisfactory to note that though poor Mary S. afforded her doctors so few opportunities of observation, they had a *post-mortem*

examination and a microscopical report, with a good pathological and physiological account of her case from an expert in brain disease. The enumeration of the physical signs recorded in the woman's last moments reads simple enough, but they could not have been obtained without the very complete medical overhauling described in the chapter entitled, "Walking the Hospital," in ST. BERNARD'S. As she died from asthenia (general debility), the minute examination must have greatly distressed the woman.

Here is another case from the *British Medical Journal* of June 14, 1879, p. 893 :—

"The patient was a boy aged eleven, who was struck on the forehead with a stone on October 21st. This caused a small wound, exposing the bone, for which he attended as an out-patient at the Queen's Hospital till November 28th, when a small scale of bone exfoliated ; pulsation was detected at the bottom of the wound, and the probe passed into a cleft in the bone. No fracture had been detected at the time of the injury. On December 6th it was noted that pus was ejected from the wound when he coughed, and that it came evidently from the cavity of the skull. There were no definite symptoms, except that his hands and feet were cold, and his pulse very feeble. He was kept in hospital till January 1st, 1879, and then discharged as cured. The wound was then covered with a small firm scab, and seemed to

be healed. In a fortnight (January 15th) he was again admitted on account of headache and vomiting, with rapid emaciation. The wound was described as being 'a little moist,' but no action was going on about it. He was rapidly losing flesh. The temperature was generally normal, but an evening fall of about one degree was noted. There was optic neuritis in both eyes. He continued to get worse, shrieking and wandering at night; but there was no paralysis. He was trephined by Mr. Gamgee at the seat of the wound on January 31st, but no pus was found. The inner surface of the bone was slightly eroded, but the dura mater seemed healthy, and did not bulge into the trephine-hole. The symptoms were unaffected by the operation. On the following day he quite suddenly ceased to breathe. Mr. Lloyd, the house-surgeon, found him apparently dead; but, having revived him somewhat by artificial respiration, divided the dura mater in the trephine-hole, causing an escape of about half an ounce of serum, but no pus, and then plunged a knife into the substance of the brain for about an inch, when pus welled up. A director was passed into this puncture, and felt the base of the skull. Along this, a thin drainage-tube was gently passed, and curled itself up in the cavity of the abscess. The child was nearly dead, but revived with artificial respiration, and survived for a week, dying quite suddenly on February 8th."

Here we note that the house-surgeon "plunged a knife into the substance of the brain," and passed an instrument into the wound, "and felt the base of the skull." Yet we are told by our critics that house-surgeons do nothing but

trifling operations. We shall be told, of course that the poor lad's doctors fought bravely against death, and kept him alive after he had "quite suddenly ceased to breathe;" but it is difficult to see what the poor boy gained by being revived.

Yet more illustrations. The *British Medical Journal* of Feb. 7, 1880, p. 197, has some remarks on "Tumours of the Cerebellum," by Dr. —, Physician to the — Hospital, London.

"He was later on transferred to my care. On October 6th I saw him. His head was then drawn back, but, at my examination, he was not in a paroxysm. When taken out of bed, he could walk, but reeled, although very slightly. When sitting, his legs acted strongly whilst endeavouring to overcome our resistance to flexion, extension, and to raising his knees. His arms were not affected. Patellar tendon-reflex was normal.

"He continued subject to the paroxysms. On October 11th he had paroxysms nearly all day long. A diagrammatic sketch of the patient in one of them was taken by Dr. —, whilst the patient was standing. It was of necessity taken rapidly. I noticed spasm of no other parts than of the muscles of the spine, and in particular that the masseters were not engaged. Possibly part of the incurvation of the back was compensatory. To my astonishment the patient died the same day."

I sincerely trust none of my readers' dying

moments may be disturbed by their having to pose as an artist's model to any doctor with a taste for drawing !

Again :—

“Mr. —, in a case of gunshot injury of the sigmoid flexure, recently opened the abdominal cavity, but found it impracticable to apply Lembert's suture to the intestinal perforations caused by the bullet. The patient was in a state of impending collapse at the time of the operation, and died twelve hours afterwards.”—*Brit. Med. Journ.*, May 7, 1887, p. 976.

In an article on “Intubation of the Larynx,” by Dr. —, Surgeon at —'s Hospital, in the *British Medical Journal* of Nov. 19, 1887, some curious facts are given about laryngeal operations. One doctor condemned the method in question, believing “he had lost many of his cases from the traumatic pneumonia set up by the entrance of food, *thirty-one out of thirty-two cases having died !*”

Another doctor recorded ten cases all fatal. Tracheotomy under four is admitted to be on the whole unsuccessful. Dr. Ingols estimates the recoveries at 15 to 20 per cent.

Another says, “I remember a series of nineteen tracheotomies at —'s with one death, followed by another series in which nearly all died.”

Here are a few of the "ghastly medical freaks" referred to.

Mr. —, Surgeon to the —, and — Hospitals, in a paper communicated to the *British Medical Journal* for June 6, 1885, on the "Intravenous Injection of Milk," says :—

"Hare recently injected milk into the veins of a patient about to die, who survived for some hours after the operation," finds "that sometimes no good has accrued from the injection (when improperly performed, or when performed in unsuitable cases) ; and the operation appears to have proved fatal in a few instances."

He records a number of cases in which this experiment was tried with varying results. Of one case it is reported that "the intravenous injection of milk did no good. After the first operation, there was temporary improvement, but after the last grave symptoms ensued ; *and it cannot be doubted that the result was hastened by the operation.*"

At the Royal Medical and Chirurgical Society, on April 12, 1887, three papers were read by as many hospital surgeons on cases of aneurism of the aorta, treated by the new method adopted by Loreta, of Bologna, which consists in introducing a quantity of steel wire into the "sac."

One patient, aged 46, was in the — Hospital. They had some trouble to get the wire

nicely into him ; it was stopped by a kink, when the first foot or so was introduced. All went well, however, for two days, then the patient became "almost maniacal, and died." They thought the result of this pretty experiment "presented many encouraging features," and proceeded to discuss case number two.

The patient was a powerful man, aged 48, and he had an aortic aneurism, so it was "decided to employ Moore's treatment, and on January 11th Mr. ——— passed thirty-two feet of steel wire" into his chest. [It seems odd, but we are so mechanical now-a-days.] "A good deal of blood was lost during the operation, and on the 19th January the skin was found to be gangrenous, and in a few hours the patient died.

It is noteworthy that this "stout, florid" man, said, on admission to the hospital, that he was free from pain, and felt "quite well."

The authors suggested several reasons for the fatal result, and think the treatment was worthy of further careful trial in properly chosen cases ; but they think only a small quantity of wire should be introduced at any one time.

[Thirty-two feet *was* a good deal !]

Then another gentleman gave his experiences of steel wire. "He thought it was only right, whilst Moore's method of treatment was as yet only in what might be called *an early experimental stage*, that all the evidence that was available upon the subject should be brought forward. He admitted that an error of diagnosis was involved, but thought that that made no difference as to the value of the evidence." The patient was a sailor, they passed thirty-three feet of steel wire into his chest, and—he died!

The operator said, "he certainly in a second case should not use so much wire again, but he thought they had not yet found precisely the right material."

[What! not after all the dogs, guinea pigs, and rabbits that were to set all these matters right?]

At the date of publication of this paper (April 12, 1887), this interesting operation had been tried sixteen times, with the result that fourteen of the patients died!

Now I make bold to assert that an operation accompanied by such a terrible death-rate

would never have been performed on any but a hospital patient. No doctor's carriage would evermore be seen stopping at any patient's door where thirty-three feet of steel wire had been poked into a man's chest with such a result !

The discussion on this paper can be seen in the "Proceedings of the Royal Medical and Chirurgical Society," new series, vol. ii., p. 241.

There is a very instructive article in the *Medical Press* for July 9, 1884, p. 22, by Dr. Jackson, Lecturer on Surgery to the Sheffield School of Medicine, wherein the writer says :—

"Instead of the careful examination of patients before the day of operation as well as at the time, the latter is made often in a very hasty manner, with considerable bustle and noise going on in the theatre. To this fact, I think, may be ascribed the more frequent deaths from chloroform which have occurred in recent years."

"What a terrible tale would abdominal sections tell, were they all recorded *accurately* !"

"As Mr. Erichsen puts it, 'Will the surgery of our time record surgical triumphs or operative audacities?' May I substitute the word 'atrocities'?"

[I do hope my critics will observe that it is not Dr. Scalpel, but the professor of surgery who says this.]

"The St. Bartholomew's Hospital reports (1884)

record twenty-one abdominal sections, with nineteen deaths."

"A boy on whom I performed Ogston's operation, with the strictest Listerian precautions, is still under my care, having had pyæmia and an empyæmia. Would not both these children (he had another bad case, which he says caused him 'the greatest misery,') have had happier lives and better prospects of success of life with their crooked legs, and without the operation?"

"Unnecessary operations are still performed."

"It does seem to me that we are going too fast."

[Exactly so! that is the whole contention of ST. BERNARD'S.]

Your brilliant operator must at any cost "keep his hand in." Prof. Rolleston, in his evidence before the Royal Commission on Vivisection (1287), says that in Skey's work on Surgery, he remarks that "a man who has the reputation of a splendid operator is ever a just object of suspicion;" and Prof. Rolleston adds that there is a good deal more in Skey's introduction to the same effect.

Here is a cutting from the *Kentish Express and Ashford News* of Dec. 24, 1887:—

"A little black boy, aged 13, is now being attended at St. James's Hospital. He is in the Scottish division of the Royal Artillery, stationed at Woolwich, he

having been rescued from slavery in Egypt by the men of the division two years ago. He is now undergoing an operation for his legs, which are fearfully bent, and it is feared that both limbs will have to be broken for the purpose of straightening them."

Poor little black boy, he would have stood a better chance as a slave !

In the *Daily News* of Friday, Dec. 2, 1887, is the following pretty experiment :—

"A death from woolsorters' disease has occurred in Bradford after a severe combat between the malady and the medical men. The patient was removed to the infirmary at a late stage in his illness, a course which it was frankly owned might have hastened death in this instance, but which was taken for the best. It was desired to increase the temperature of the patient's body to 107 degrees in order to kill the bacilli. *The bacilli were killed, but so was the patient.* The condition of his brain was not favourable to the experiment, which was followed by exhaustion and collapse."

"*Inoculating with the sputa of a phthisical patient.*"—ST. BERNARD'S, p. 434.—See "The Zoopholist," June, 1884.

"When once the passion for experiment is aroused, it is difficult to stop at animals. These humanitarian experimenters, whose genial doctrines would shut up the large section of the human race who have the misfortune to be consumptive in pest-houses, away

from their friends, with none but consumptives in earlier stages to wait on them—these humane persons did once succeed in ‘inducing phthisis experimentally’ in man. Dr. Andrew shall tell the story :—

“ ‘Experiments conducted by Demet, Paraskeva, and Zablonis, in Syra, Greece, were not only successful in transmitting the disease to rabbits by inoculation with the sputum and blood from a man affected with phthisis, but they *ventured upon the unprecedented experiment of inoculating a human patient whose history gave no indication of tuberculous taint, and whose lungs were perfectly healthy* so far as physical examination could discover, but who was suffering from gangrene of the big toe of the left foot, due to obliteration of the femoral artery. Amputation of the limb was proposed by the surgeon, but would not be submitted to, and as a fatal termination was inevitable, a quantity of sputum from a man who had abscess in his lungs was inoculated into the upper part of the left thigh.’

“ In three weeks there were signs of tubercle in the lung, and in thirty-eight days the man was dead ! After death the tubercles were found. And so the man was done to death. Gangrene is not necessarily fatal, and to say that he must have died of that is a pure assumption. To ignore the effect of the inoculation with diseased matter from another man on the general health of the patient and on his chance of recovery is quite unjustifiable. The fact that the man lived for over a month with the two diseases proves that he had a very good chance of recovering from the one.”

Bargigli inoculated two children (all he could obtain) of six and eight years old with “la matière sanieuse d’un ulcère de lépreux,” to try if leprosy could be so communicated :—See *Hirsch Handbuch der Pathologie*, 2 abt., 1883, p. 32.

Dr. Lund, of the Isle of Samso, "fed his child on the milk of diseased cows for two years and half, to communicate tuberculosis."—*Scandinavian Medical Archives*, vol. xi. (for 1879).

And lest the source of the extracts should be objected to by my medical readers, I append the observations of Dr. — in a lecture delivered in the King's College Hospital, and recorded in the *British Medical Journal*, June 17, 1882, p. 895:—

"Two physicians, mentioned in the *Nouveau Dictionnaire de Médecine et de Chirurgie* (Art. 'Phthisis'), went so far as to inoculate themselves with the serum of a blister applied to a phthisical patient, and, we are not surprised to hear, without effect: for, if the peculiar micro-organism which we have recently seen be the active agent in the production of tubercle, we should scarcely expect to find it in the serum extracted from the blood by the action of a blister. Another remarkable case of human inoculation is mentioned in the work I have just cited. Three medical men of Syra (in Greece), in 1874, inoculated a man, fifty-five years of age, with tubercle. He was suffering from gangrene of the left great toe, due to obliteration of the femoral artery, and was in a moribund state. They inoculated some of the sputa of a phthisical patient into the upper part of the right leg. The lungs were previously examined with great care, and found to be perfectly sound. Three weeks later, there were signs of commencing induration at the right apex. On the thirty-eighth day after the inoculation the patient died

of gangrene. At the necropsy there were found, at the apex of the right lung, seventeen small tubercles, varying in size from that of a mustard-seed to that of a lentil. Two similar tubercles were found at the left apex—two others on the convex surface of the liver. The authors of the experiment considered the embryonic state of the tubercles, and their limited number, to correspond with the short space of time that had elapsed from the inoculation.

“It is not likely that an experiment of this kind will be often repeated; but though it stands alone, it is, none the less, an important observation.”

Not a word of disapproval do we find! “Oh, but all these things were done abroad,” I hear an opponent angrily remonstrate. I know it, and I am only mentioning them to illustrate page 434 of ST. BERNARD’S, where my characters are talking of their foreign experiences.

And while we are on the subject, let me quote from an address by Dr. J. H. Clarke in the *Altrincham Chronicle* of Nov. 4, 1887.—

“According to the Vienna correspondent of the *Chicago Medical Era*, Professor Braun recently caused immense merriment in his class by experimenting before them on the unborn child of a woman in her pangs.”

The poor babies even are useful as clinical material, as well as their mothers. Read this

from the Paris correspondent of the *British Medical Journal*, it all bearing on page 434 of ST. BERNARD'S :—

“Fehling has recently, by experiment, studied the effects on nurslings of certain drugs given to the women who suckled them. When doses varying from two to three grammes of salicylate of soda were administered to the nurse, every time that a child was suckled within an hour after the administration of the dose the salicylate appeared. After an interval of twenty-four hours there remained no trace of the drug. When the child was suckled too soon after the medicine had been taken, the salicylate could not be found. Elimination was completed at the same time in the mother and the child. With iodide of potassium the results were the same. The milk, when analysed, gave the characteristic reaction. In the infant, elimination lasted seventy-two hours, in the mother forty-four. After twenty-four hours, the milk still contained iodide of potassium. With ferrocyanide of potassium, reaction was very pronounced in the maternal, but absent in the child's. Prolonged applications of iodoform upon women in parturition, after prolonged use, generally resulted in iodine being found in the milk of the mother, but not always in the infant. The child was never indisposed, even when iodoform was used to dry up the umbilical cord. There was only a small quantity of mercury transmitted through the milk of a nursing mother, and its presence was not constant.”

Remark that these experiments are not condemned by this English journal.

"*This is the heroic work we need so much in England,*" said Dr. Stanforth, in ST. BERNARD'S.

We will give a few examples of what he meant :—

"M. Laborde has studied the action of acetophenone on patients when administered in relatively small doses. M. Dujardin-Beaumetz, in a recent communication to the Biological Society, stated that this substance produces sleep accompanied by vertigo and headache."—*Brit. Med. Journ.*, Jan. 9, 1886.

"Professor Ehrlich, who has had very good results from thallin in typhoid fever, has had the candour to report a case (*Münchener Med. Wochenschr.*, No. viii.) which ended fatally under repeated progressive doses—namely, 0.08 up to 0.58 grammes (one and a quarter grains to nine grains nearly)—of thallin tartarate."

"Experiments made at the Philadelphia Hospital and confirmed by Dolbeau (*Annales d'Hygiène*, Jan. 1874) have proven that persons sound asleep may be chloroformed without their being awakened."—*Wood's Therapeutics*, p. 293.

"In epilepsy, some trials have been made of the drug (*Calabar Bean*), but its value is very doubtful. Drs. Harnack and Witkowski have found that in epileptic guinea-pigs physostigmia causes a succession of fits lasting for hours and days. *They have further noted a similar influence upon man.*"—*Wood's Therapeutics*, p. 319.

"Professor Oré, of Bordeaux, has proposed *intravenous injections* of chloral as a substitute for ether and chloroform in surgery, and as a means of combating tetanus. His suggestion has been carried out by himself and others in a number of cases with asserted good results. But in other instances it has apparently

caused death, and is, in my opinion, absolutely unjustifiable."—*Wood's Therapeutics*, p. 341.

"Dr. E. Rose has reported a case in which death resulted from a large injection (of iodine) into an ovarian cyst. In the experiments of Jörg and his pupils, doses of iodine of a grain and a grain and a half gave rise to colicky pains," etc., etc.—*Wood's Therapeutics*, p. 399.

"In feeble persons, however, caution must always be exercised in using it (apomorphia), as one-fifteenth of a grain has caused death in seven minutes in an adult."—*Med. Rec.*, 1887, p. 664.

CONCLUSION.—My task is done. It was not lightly undertaken, nor have the charges against the hospital system been recklessly made. I think the reader, if he has followed me thus far, will acquit me of writing against scientific cruelties without justification. These pages give the *gravamen* of my charge. I have, as far as it was possible, illustrated every chief point in my attack. Of course it will be readily understood that many things, such as the indecent joking of Dr. Stanforth, could not be proved from the pages of scientific journals like those from which I have quoted; neither do I pretend that I have met men like Mr. Crowe in actual life. But that such men have existed the various trials of medical men for murder of

their relatives, and their condemnation to death (one of them occurring while these sheets were passing through the press), sufficiently prove. I honestly believe that the constant practice of torturing animals for scientific purposes tends to harden the hearts of those who adopt it, and leads them to experiment on, and torture for scientific purposes, their fellow-men. When the heart of man has arrived at this stage of degradation, I think the line which divides its imaginings from those of Mr. Crowe a very fine one indeed. That, however, I leave the public to judge. "What I have written I have written." If there be any points other than those I have indicated which I have omitted to prove by published extracts, I beg the reader not to think I am unable to confirm them also, but that I cannot draw from my own experience without implicating institutions and individuals against whom I have no personal differences whatever. I have proved by chapter and verse so much of the truth of my book that I ask the public, as I think I may fairly do, to give me credit for the rest.

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